

## CDPHP Core (HMO) *offered by* Capital District Physicians' Health Plan, Inc.



## Annual Notice of Change for 2026

You're enrolled as a member of CDPHP Core (HMO).

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in CDPHP Core (HMO).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your Medicare & You 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at <https://www.cdphp.com/medicare> or call Member Services at (518) 641-3950 or 1-888-248-6522 (TTY users call 711) to get a copy by mail.

### More Resources

- Call Member Services at (518) 641-3950 or 1-888-248-6522 (TTY users call 711) for additional information. Hours are 8 a.m. – 8 p.m. seven days a week. From April 1 to September 30, our hours are 8 a.m. – 8 p.m. Monday – Friday. A voice messaging service is used after hours, weekends, and federal holidays. Calls will be returned within one business day. This call is free.
- Member Services has free language interpreter services available for non-English speakers (phone numbers are in Section 6.1 of this booklet).
- This information is available in different formats, including large print. Please call Member Services if you need plan information in another format.

## About CDPHP Core (HMO)

- CDPHP Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Capital District Physicians' Health Plan, Inc. When it says “plan” or “our plan,” it means CDPHP Core (HMO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in CDPHP Core (HMO).** Starting January 1, 2026, you'll get your medical coverage through CDPHP Core (HMO). Go to Section 3.1 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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## Summary of Important Costs for 2026

|  | 2025<br>(this year)                             | 2026<br>(next year)                                    |
|--|---|--|
| <b>Monthly plan premium*</b><br>* Your premium can be higher or lower than this amount. Go to Section 2.1 for details.   | \$15  | \$15   |
| <b>Deductible</b>  | \$0   | \$0  |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.3 for details.) | \$6,100   | \$6,100  |
| <b>Primary care office visits</b>  | \$0 copayment per Primary Care Physician visit. | <b>\$0 copayment per Primary Care Physician visit.</b> |
| <b>Specialist office visits</b>  | \$25 specialist copayment per visit.            | <b>\$25 specialist copayment per visit.</b>            |

|  | 2025<br>(this year)   | 2026<br>(next year)   |
|--|---|---|
| <b>Inpatient hospital stays</b><br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. | \$260 per day for days 1 through 6, \$0 per day after day 6 | <b>\$260 per day for days 1 through 6, \$0 per day after day 6.</b> |

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

|  | 2025<br>(this year) | 2026<br>(next year) |
|--|---------------------|---------------------|
| <b>Monthly plan premium</b><br><br>(You must also continue to pay your Medicare Part B premium.) | \$15                | \$15                |

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

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

|  | 2025<br>(this year) | 2026<br>(next year)   |
|--|---------------------|---|
| <b>Maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.<br>Your plan premium and your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount. | \$6,100             | <b>\$6,100</b><br><b>Once you've paid \$6,100 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b> |

### Section 1.3 Changes to the Provider Network

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

- Visit our website at <https://www.cdphp.com/medicare/search>.

- Call Member Services at (518) 641-3950 or 1-888-248-6522 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, call Member Services at (518) 641-3950 or 1-888-248-6522 (TTY users call 711) for help.

#### Section 1.4 Changes to Benefits & Costs for Medical Services

|  | 2025 (this year)  | 2026 (next year)   |
|--|---|--|
| Additional Days for Inpatient Hospital-Acute       | Prior Authorization is not required.  | <b>Prior Authorization is required.</b>  |
| Additional Days for Inpatient Hospital-Psychiatric | Prior Authorization is not required.  | <b>Prior Authorization is required.</b>  |
| Ambulatory Surgical Center (ASC)                   | You pay a \$150 copayment for Ambulatory Surgical Center (ASC).                                 | <b>You pay a \$225 copayment for Ambulatory Surgical Center (ASC).</b>                                 |
| Chiropractic Services                              | You pay a \$20 copayment for Chiropractic Services.   | <b>You pay a \$15 copayment for Chiropractic Services.</b>   |
| Dental Services                                    | You receive a \$1,500 allowance for any non-cosmetic services on a prepaid benefits Mastercard. | <b>You receive a \$1,250 allowance for any non-cosmetic services on a prepaid benefits Mastercard.</b> |
| Emergency Services                                 | You pay a \$90 copayment for Emergency Services.  | <b>You pay a \$100 copayment for Emergency Services.</b>   |
| Inpatient Hospital Psychiatric                     | Prior Authorization is not required.  | <b>Prior Authorization is required.</b>  |
| Intensive Cardiac Rehabilitation Services          | You pay a \$25 copayment for Intensive Cardiac Rehabilitation Services.                         | <b>You pay a 40% coinsurance for Intensive</b>   |

|                                       | 2025 (this year)   | 2026 (next year)   |
|---------------------------------------|--|--|
|                                       |  | <b>Cardiac Rehabilitation Services.</b>  |
| Intensive Outpatient Program Services | This benefit is not covered.   | <b>You pay a \$55 copayment for Intensive Outpatient Program Services.</b>   |
| Medicare-covered Diabetic Supplies    | You pay a \$10 copayment or 20% coinsurance for Diabetic Supplies. Test strips and meters from Ascensia are covered in full. | <b>You pay a \$5 copayment per 30-day supply for Diabetic Supplies. Abbott test strips and meters are the only covered diabetic monitoring supplies. All other test strips and meters require prior authorization.</b> |
| Observation Services                  | You pay a \$200 copayment for Observation Services.  | <b>You pay a \$275 copayment for Observation Services.</b>   |
| Outpatient Hospital Services          | You pay a \$200 copayment for Outpatient Hospital Services.  | <b>You pay a \$275 copayment for Outpatient Hospital Services.</b>   |
| Over-the-Counter allowance            | You have a \$100 allowance per quarter on a prepaid Benefits Mastercard.   | <b>You have a \$25 allowance per quarter on a prepaid Benefits Mastercard.</b>   |
| Physical and Speech Therapy Services  | Prior Authorization is not required.   | <b>Prior Authorization is required.</b>  |
| Urgently Needed Services              | You pay a \$45 copayment for Urgently Needed Services.   | <b>You pay a \$50 copayment for Urgently Needed Services.</b>  |



|                              | 2025 (this year)   | 2026 (next year)   |
|------------------------------|--|--|
| Worldwide Emergency Coverage | You pay a \$90 copayment for Worldwide Emergency Coverage. | <b>You pay a \$100 copayment for Worldwide Emergency Coverage.</b> |
| Worldwide Urgent Coverage    | You pay a \$45 copayment for Worldwide Urgent Coverage.    | <b>You pay a \$50 copayment for Worldwide Urgent Coverage.</b>     |

## SECTION 2 How to Change Plans

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

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

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from *CDPHP Core (HMO)*.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from *CDPHP Core (HMO)*.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at (518) 641-3950 or 1-888-248-6522 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 5.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You* 2026 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Capital District Physicians' Health Plan, Inc. offers other Medicare health plans *and* Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

### Section 2.1 Deadlines for Changing Plans

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

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

## **Section 2.2 Are there other times of the year to make a change?**

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

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

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

## **SECTION 3 Get Help Paying for Prescription Drugs**

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778 or
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** New York state has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical

condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Michigan Drug Assistance Program, HIV Care Section, 888-826-6565 (toll-free). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call The Michigan Drug Assistance Program, HIV Care Section, at 888-826-6565 (toll-free). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 4 Questions?

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### Get Help from CDPHP Core (HMO).

- **Call Member Services at (518) 641-3950 or 1-888-248-6522. (TTY users call 711.)**

We're available for phone calls April 1<sup>st</sup> through September 30<sup>th</sup> Monday through Friday, 8 a.m. to 8 p.m.; October 1<sup>st</sup> through March 31<sup>st</sup> seven days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for CDPHP Core (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at <https://www.cdphp.com>, or call Member Services at (518) 641-3950 or 1-888-248-6522 (TTY users call 711) to ask us to mail you a copy.

- **Visit <https://www.cdphp.com>.**

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

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## Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York state, the SHIP is called Health Insurance Information Counseling & Assistance Program (HIICAP).

HIICAP is independent (not connected with any insurance company or health plan).

Call Health Insurance Information Counseling & Assistance Program (HIICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Insurance Information Counseling & Assistance Program (HIICAP) at 1-800-701-0501. Learn more about Michigan Medicare Assistance Program by visiting (<https://www.aging.ny.gov>).

## Get Help from Medicare

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

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

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

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

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

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



# Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc., CDPHP Universal Benefits, Inc., and Capital District Physicians' Healthcare Network, Inc. (collectively referred to as CDPHP®) comply with applicable Federal civil rights laws and do 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. CDPHP does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

CDPHP:

- 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, which may include:
  - Qualified interpreters
  - Information written in other languages

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

If you believe that CDPHP 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: CDPHP Civil Rights Coordinator, 6 Wellness Way, Latham, NY 12110, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at <https://www.cdphp.com/customer-support/email-cdphp>. If you need help filing a grievance, the CDPHP 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 (TDD 1-800-537-7697).

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

This notice is available on the CDPHP website at <http://www.cdphp.com>.

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**ATTENTION:** 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 1-888-248-6522 (TTY: 711) or speak to your provider.

**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 1-888-248-6522 (TTY: 711) o hable con su proveedor.

**Traditional Chinese:** 注意：如果您說[台語]，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 1-888-248-6522 (TTY: 711) 或與您的提供者討論。

**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 1-888-248-6522 (TTY: 711) или обратитесь к своему поставщику услуг.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-248-6522 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Korean:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-248-6522(TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Italian:** ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-248-6522 (TTY: 711) o parla con il tuo fornitore.

**Yiddish:** נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אידס און באדינונגס פֿאַר פּאַוויידינג אינפֿאַרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-888-248-6522 ((TTY: 711) אָדער רעדן מיט דיין טרעגער.

**Bengali:** মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহতা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-888-248-6522 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

**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 1-888-248-6522 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-248-6522 (TTY: 711) أو تحدث إلى مقدم الخدمة.

**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 1-888-248-6522 (TTY: 711) ou parlez à votre fournisseur.

**Urdu:** توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-888-248-6522 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

**Tagalog:** PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-248-6522 (TTY: 711) o makipag-usap sa iyong provider.

**Greek:** ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-888-248-6522 (TTY: 711) ή απευθυνθείτε στον πάροχό σας».

**Albanian:** VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndhima të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-888-248-6522 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.