

The Employees Retirement System of Texas NOTICE OF PRIVACY PRACTICES

The Employees Retirement System of Texas (ERS) administers the Texas Employees Group Benefits Program, including your health plan, pursuant to federal and Texas law. This Notice is required by the Privacy Regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). THIS NOTICE DESCRIBES HOW ERS MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO YOUR OWN INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. This Notice also sets out ERS' legal obligations concerning your health information. Additionally, this Notice describes your rights to access and control your health information. **THIS NOTICE OF PRIVACY PRACTICES WAS ORIGINALLY ADOPTED APRIL 14, 2003, AND SUBSEQUENTLY REVISED EFFECTIVE FEBRUARY 17, 2010, SEPTEMBER 23, 2013, AND FEBRUARY 16, 2026.**

If you have questions or want additional information about the privacy practices described in this Notice, please contact in writing: Privacy Officer, ERS, P.O. Box 13207, Austin, Texas 78711-3207.

What is Protected Health Information (PHI)?

Protected health information (PHI) is individually identifiable health information, including genetic information and demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse, that relates to: (i) your past, present or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present or future payment for the provision of health care to you. Unsecured PHI is PHI that is not secured through the use of a technology or methodology that renders PHI unusable, unreadable or indecipherable.

Our Responsibilities

ERS is required by law to maintain the privacy of your PHI. ERS is also obligated to provide you with a copy of this Notice of our legal duties and our privacy practices with respect to PHI and to abide by the terms of this Notice. ERS reserves the right to change the provisions of this Notice and make the new provisions effective for all PHI that ERS maintains. If ERS makes a material change to this Notice, ERS will make a copy of the revised Notice available to you as required by law.

Primary Uses and Disclosures of Protected Health Information

Generally, except for the purposes discussed below, ERS cannot use or disclose your PHI without your written authorization.

The following is a description of how ERS is most likely to use and/or disclose your PHI when necessary for the administration of your group health plan.

ERS and/or its business associates, which may include auditors, actuarial consultants, lawyers, third-party administrators, insurers, health care providers, technology vendors and pharmacy benefit managers under contract with ERS, may use and disclose health information about you to carry out payment, treatment and health care operations, and for other purposes that are permitted or required by law. When “ERS” is used in this Notice, these business associates are intended to be included. Neither ERS nor its business associates require your consent or authorization to use or disclose your PHI to carry out these functions.

■ **Payment and Health Care Operations**

ERS has the right to use and disclose your PHI for all activities that are included within the definitions of “payment,” “treatment” and “health care operations” as set out in 45 C.F.R. § 164.501 (this provision is a part of what is known as the “HIPAA Privacy Regulations”). ERS has not listed in this Notice all of the activities included within these definitions, so please refer to 45 C.F.R. § 164.501 for a complete list.

> *Payment*

ERS may use or disclose your PHI to obtain premiums (contributions), to determine eligibility, coverage or cost share, to obtain or provide reimbursement for the provision of health care, or otherwise fulfill its responsibilities for coverage and providing benefits as established under the Master Benefit Plan Documents detailing the plan benefits. For example, ERS may disclose your PHI when a provider requests information regarding your eligibility for coverage under the health plan, or when health care providers submit claims for payment for treatment you have received that may be covered by the health plan. ERS may use your PHI when necessary to determine if a treatment that you received was medically necessary, and may also undertake utilization review activities, including preauthorization, concurrent or retrospective review of services.

> *Treatment*

ERS is not a medical provider and does not provide medical treatment. However, in some circumstances, ERS may use or disclose your PHI for purposes of facilitating or authorizing payment for treatment. For example, the health plan can disclose and discuss with your doctor or pharmacist other medications you may be receiving to reduce the chances that taking a particular medication will result in unintended side effects.

> *Health Care Operations*

ERS may use or disclose your PHI to support plan administration functions. These functions include, but are not limited to: specification of coverages; claims administration; quality assessment and improvement; promoting efficiency and the reduction of health care costs; prevention of waste, fraud and abuse in health care operations, case management, and care coordination; reviewing provider performance and credentials; and for strategic planning, including using relevant information to obtain stop-loss coverage for the health plan. For example, ERS may use your PHI (i) to provide

you with information about one of the health plan's disease management programs; (ii) to respond to a customer service inquiry from you, or, (iii) when certain conditions are met, to inform you about health-related benefits or services that may be of interest to you; or (iv) to obtain bids or quotes from potential business associates that provide services to the health plan.

■ **Business Associates**

ERS contracts with individuals and entities (business associates), usually auditors, actuarial consultants, third-party administrators, insurers, health care providers, technology vendors or pharmacy benefit managers, to perform various functions on behalf of the health plan or to provide certain types of services for the health plan. Some of the functions they provide are performing audits; performing actuarial analysis; adjudication and payment of claims; customer service support; utilization review and management; coordination of benefits; subrogation; eligibility underwriting; pharmacy benefit management and technological functions. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose PHI, but only after ERS requires the business associates to agree in writing to contract terms designed to appropriately safeguard your information. Business associates are required to agree, in writing, to maintain the confidentiality of the PHI to which they are provided access and to notify ERS in the event of a breach of your unsecured PHI. If the business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.

■ **Plan Sponsor**

The Plan Sponsor of the group health plan is the state of Texas. ERS may disclose your PHI to the Plan Sponsor.

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization. The health plan will not disclose any of your PHI for marketing purposes if it will receive direct or indirect financial remuneration not reasonably related to the health plan's cost of making the communication. The health plan will not sell your PHI to third parties. The sale of PHI, however, does not include a disclosure for public health purposes, for research purposes where the health plan will only receive remuneration for its costs to prepare and transmit the health information, for treatment and payment purposes, for a business associate or its subcontractor to perform health care functions on the health plan's behalf, or for other purposes as required and permitted by law.

Uses and disclosures not described in this Notice will be made only with your written authorization.

Other Possible Uses and Disclosures of Protected Health Information

The following is a description of other possible ways that ERS may (and is permitted to) use and/or disclose your PHI.

- **Required by Law**

ERS may use or disclose your PHI to the extent that federal, state, or local law requires the use or disclosure. When used in this Notice, “required by law” is used as it is defined in the HIPAA Privacy Regulations.

- **Public Health Activities**

ERS may use or disclose your PHI for public health activities that are permitted or required by law. For example, ERS may use or disclose information for the purpose of preventing or controlling disease, injury or disability, or ERS may disclose such information to a public health authority authorized to receive such information. ERS also may disclose your PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority, although such a disclosure would not be routine and would occur only in very rare circumstances.

- **Governmental and Health Oversight Activities**

ERS may disclose your PHI to the Texas Legislature or other agencies of the state or federal government, including, but not limited to, health oversight agencies for activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws.

- **Abuse or Neglect**

ERS may disclose your PHI to a government authority that is authorized by law to receive reports of child abuse or neglect, or domestic violence. Additionally, as required by law, ERS may disclose your PHI to a governmental entity authorized to receive such information if ERS has information that you may have been a victim of abuse, neglect, or domestic violence.

- **Legal Proceedings**

ERS may disclose your PHI: (i) in the course of any judicial or administrative proceeding, including, but not limited to, an appeal of denial of coverage or benefits; (ii) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law); and (iii) in response to a subpoena, discovery request or other lawful process, once ERS has met all administrative requirements of the HIPAA Privacy Regulations.

- **Law Enforcement**

Under certain conditions, ERS also may disclose specific aspects of your PHI to law enforcement officials, as provided by law. Some of the reasons for such a disclosure may include, but not be limited to: (i) because it is required by law or some other legal process; (ii) because it is necessary to locate, apprehend or identify a suspect, fugitive, material

witness, or missing person; and (iii) because it is necessary to provide evidence of a crime that occurred on ERS' premises.

- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation**

ERS may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. ERS also may disclose, as authorized by law, PHI to funeral directors so that they may carry out their duties. Further, ERS may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

- **Research**

ERS may disclose your PHI to researchers when an institutional review board or privacy board has: (i) reviewed the research proposal and established protocols to ensure the privacy of the information; and (ii) approved the research.

- **To Prevent a Serious Threat to Health or Safety**

Consistent with applicable federal and state laws, ERS may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. ERS may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

- **Military Activity and National Security, Protective Services**

Under certain conditions, ERS may disclose your PHI if you are, or were, armed forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

- **Inmates**

If you are an inmate of a correctional institution, ERS may disclose your PHI to the correctional institution or to a law enforcement official for: (i) the institution to provide health care to you; (ii) your health and safety and the health and safety of others; or (iii) the safety and security of the correctional institution.

- **Workers' Compensation**

ERS may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

- **Others Involved in Your Health Care**

Unless you object, ERS may disclose your PHI to a friend or family member that you have identified as being involved in your health care and have authorized to receive such information. ERS also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your PHI, then ERS may, using its

professional judgment, determine whether the disclosure is in your best interest. ERS will attempt to gain your personal authorization when possible before making such disclosures.

- **Other**

For those specialized government functions set forth in the regulations promulgated pursuant to HIPAA or such other purposes provided under HIPAA.

When using or disclosing PHI or when requesting PHI from another covered entity, the health plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purposes, taking into consideration practical and technological limitations. When practicable, the health plan will limit uses or disclosures to a limited data set. However, this minimum necessary standard will not apply to disclosures to or requests made by a health care provider for treatment purposes, uses or disclosures made to you, uses or disclosures authorized by you, disclosures made to the Secretary of the U.S. Department of Health and Human Services (“Secretary of HHS”), uses or disclosures required by law, and uses or disclosures that are required by the health plan’s compliance with legal requirements.

This Notice does not apply to health information that has been de-identified, or information that does not identify an individual (i.e., you) and with respect to which there is no reasonable basis to believe that the information can be used to identify you. In addition, the health plan may use or disclose information in a limited data set, provided that it enters into a data use agreement with the limited data set recipient that complies with the federal privacy regulations. A limited data set is PHI that excludes certain direct identifiers relating to you and your relatives, employers and household members.

Required Disclosures of Your PHI

The following is a description of disclosures that ERS is required by law to make.

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services**

ERS is required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with HIPAA Privacy Regulations.

- **Disclosures to You**

ERS is required to disclose to you most of your PHI in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. ERS is also required to provide, upon your request, an accounting of the disclosures of your PHI. In many cases, your PHI will be in possession of a plan administrator or pharmacy benefits manager. If you request PHI, ERS will work with the administrator or pharmacy benefits manager to provide your PHI to you.

Other Uses and Disclosures of Your Protected Health Information

▪ Substance Use Disorder Treatment Program Information

If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

We will not use or disclose your Part 2 Program record, which relates to information about your treatment for substance use disorders (or provide testimony based on such information) for any civil, criminal, administrative, or legislative proceedings against you unless we have your consent or a valid court order.

▪ Fundraising

ERS will not use this information to raise funds for any purpose.

▪ Genetic Information

Genetic information cannot be used for underwriting purposes.

▪ Certain Sensitive Information

Some kinds of information, such as HIV-related information, alcohol or drug abuse treatment information, mental health information, and sexually transmitted disease testing information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. For more information regarding this type of sensitive information, please contact the Privacy Officer.

▪ Other Uses and Disclosures

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide ERS with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that ERS already has used or disclosed, in reliance on the authorization.

YOUR RIGHTS

The following is a description of your rights with respect to your PHI.

■ **Right to Request a Restriction**

You have the right to request a restriction on the PHI ERS uses or discloses about you for payment or health care operations. *ERS is not required to agree to any restriction that you may request.* If ERS does agree to the restriction, ERS will comply with the restriction unless the information is needed to provide emergency treatment to you.

You have the right to ask your health care provider not to disclose your information to us if you have paid for the service in full, and the disclosure is not otherwise required by law. The request for a restriction will only be applicable to that particular service. You will have to request a restriction for each service thereafter.

You may request a restriction by writing to: Privacy Officer, ERS, P.O. Box 13207, Austin, TX 78711-3207. In your request, tell the Privacy Officer: (i) the information for which you want to limit disclosure, and (ii) how you want to limit ERS' use and/or disclosure of the information.

■ **Right to Request Confidential Communications**

If you believe that a disclosure of all or part of your PHI may endanger you, you may request that ERS communicate with you regarding your information in an alternative manner or at an alternative location. For example, you can ask that ERS only contact you at your work address or via an alternate email address, although many agencies may not let you receive personal email. However, ERS will not send PHI by email unless it is possible for the PHI to be encrypted.

■ **Redisclosure**

Once your PHI is disclosed it may no longer be protected by HIPAA and may be subject to re-disclosure.

You may request alternate communication by writing to: Privacy Officer, ERS, P.O. Box 13207, Austin, TX 78711-3207. In your request tell ERS: (i) the parts of your PHI that you want ERS to communicate with you in an alternative manner or at an alternative location, and (ii) that the disclosure of all or part of the information in a manner inconsistent with your instructions would put you in danger.

■ **Right to Inspect and Copy**

You have the right to inspect and obtain a paper or electronic copy of your PHI that is contained in a “designated record set.” If you would like an electronic copy of your PHI, we will provide you with a copy in the electronic form and format as requested as long as we can readily produce such information in the form requested. Otherwise, we will cooperate with you to provide a readable electronic form and format as agreed.

Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect and copy your PHI contained in a “designated record set,” you must submit your request in writing to: Privacy Officer, ERS, P.O. Box 13207, Austin, TX 78711-3207. If you request a copy of the information, ERS may charge a fee for the costs of compiling, copying, mailing, or other supplies associated with your request. As noted above, your PHI will often be held by an administrator or pharmacy benefits manager for the health plan. In such case, ERS will coordinate with the administrator or pharmacy benefits manager to provide to you the PHI you request.

The Privacy Officer may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. In the event the denial was based on certain reviewable grounds involving an initial determination by a licensed health care professional, as set forth in the Privacy Regulations, ERS will choose a licensed health care professional to review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, the denial will not be reviewable. If this event occurs, the Privacy Officer will inform you in the denial that the decision is not reviewable.

■ **Right to Request Amendment**

If you believe that your PHI is incorrect or incomplete, you may request that ERS amend your information. You may request that ERS amends your information by writing to: Privacy Officer, ERS, P.O. Box 13207, Austin, TX 78711-3207. Additionally, your request should include the reason the amendment is necessary.

In certain cases, the Privacy Officer may deny your request for an amendment. For example, the Privacy Officer may deny your request if the information you want to amend is not maintained by ERS, but by another entity, or was not created by ERS, but by a medical provider. If the Privacy Officer denies your request, you have the right to file a statement of

disagreement with the Privacy Officer. Your statement of disagreement will be linked with the disputed information, and all future disclosures of the disputed information will include your statement.

- **Right to be Notified of a Breach of Unsecured PHI.**

You have the right to be notified of a breach of your unsecured PHI. A breach means the acquisition, access, use, or disclosure of your unsecured PHI in a manner not permitted under HIPAA that compromises the security or privacy of your PHI. If this occurs, you will be provided information about the breach and how you can mitigate any harm as a result of the breach.

- **Right to an Accounting**

You have a right to an accounting of the disclosures of your PHI. An accounting will include the date(s) of the disclosure, to whom the disclosure was made, a brief description of the information disclosed, and the purpose for the disclosure.

You may request an accounting by submitting your request in writing to: Privacy Officer, ERS, P.O. Box 13207, Austin, TX 78711-3207. Your request may be for an accounting of disclosures made up to three (3) years before the date of your request, but in no event, for disclosures made before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, ERS may charge you for the costs of providing the list. ERS will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice, even if you have previously agreed to accept this Notice electronically. You may obtain a paper copy by writing to: Privacy Officer, ERS, P.O. Box 13207, Austin, TX 78711-3207.

Complaints

You may complain to ERS if you believe that ERS has violated your privacy rights. You may file a complaint with ERS by writing to: Privacy Officer, ERS, P.O. Box 13207, Austin, TX 78711-3207.

You also may file a complaint with the Secretary of HHS. Complaints filed directly with the Secretary of HHS must: (i) be in writing; (ii) contain the name of the entity against which the complaint is lodged; (iii) describe the relevant problems; and (iv) be filed within 180 days of the time you became or should have become aware of the problem.

ERS will not penalize or in any other way retaliate against you for filing a complaint with ERS or with the Secretary of HHS.

Effective Date

This notice was published on or before April 14, 2003, became effective on April 14, 2003, and was subsequently amended effective February 17, 2010, September 23, 2013, and February 16, 2026.

The Employees Retirement System of Texas (ERS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex. ERS provides people with disabilities reasonable modifications and free communication aids to allow for effective communication with us such as written information in other formats (large print, audio, accessible electronic formats, other formats). ERS also provides free language assistance services to people whose first language is not English such as qualified interpreters, and written information in other languages.

If you need these services, call: 1-877-275-4377, TTY: 711.

If you believe that ERS 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:

Attn: Section 1557 Coordinator
Employees Retirement System of Texas
P.O. Box 13207, Austin, Texas 78711.
Phone: 1-877-275-4377; TTY: 711
Fax: 512-867-3480.
Email: 1557coordinator@ers.texas.gov
For more information visit: <http://www.ers.texas.gov>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

Centralized Case Management Operations	Phone: 800-368-1019
U.S. Department of Health and Human Services	TTY/TDD: 800-537-7697
200 Independence Avenue, SW	Complaint Forms:
Room 509F, HHH Building	hhs.gov/civil-rights/filing-a-complaint/index.html
Washington, D.C. 20201	
Complaint Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
Email: OCRComplaint@hhs.gov	

Please visit <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html> for details.

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 855-710-6984 (TTY: 711) o hable con su proveedor.
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 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 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855-710-6984（文本电话：711）或咨询您的服务提供商。
한국어 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. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
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 مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.
اردو 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۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Tagalog 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 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
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 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी नि:शुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
فارسی Persian	توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujurati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિડેરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
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 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
日本語 Japanese	注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。855-710-6984 (TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください。
ລາວ Laotian	ເລື່ອງລາວ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 855-710-6984 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
Diné Navajo	SHOOH: Diné bee yánílti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hólq. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hólq. Kohjí' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidzihi.