



2026 Plan Guide

APWU Health Plan

UnitedHealthcare Medicare Rx (PDP)

Group Number: 25681

Effective: January 1, 2026 through December 31, 2026

United
Healthcare®



Welcome to the UnitedHealthcare MedicareRx Part D prescription drug plan for APWU Health Plan Postal Retirees

APWU Health Plan has partnered with UnitedHealthcare to provide Part D prescription drug coverage to their Medicare-eligible Postal retirees. The Postal Service Health Benefit Program (PSHBP) requires Postal retirees with Medicare Part A only, Medicare Part B only, or Medicare Parts A and B to be enrolled in Part D prescription drug coverage.



Read through this Plan Guide to get to know this plan

This guide includes:

- A description of the plan and how it works
- Information about covered drugs and how much they cost
- What you can expect after you're enrolled in the plan

Please keep this Plan Guide. It has information that will be helpful once you become a member.

You can also get plan information at retiree.uhc.com/APWUHPPartD. Select the **Chat now** button to connect with one of our knowledgeable Customer Service Advocates. Or, you can access plan materials online.



You'll be automatically enrolled in the plan

This plan will replace your current prescription drug coverage, starting on your plan's effective date.

You can only have one plan with Part D prescription drug coverage at a time. If you have a Medicare Advantage plan with Part D prescription drug benefits or another standalone Part D prescription drug plan, you'll be automatically disenrolled from that plan when you're enrolled in this plan.

If you don't want to be enrolled in this plan, you won't receive pharmacy benefits from the Postal Service Health Benefit (PSHB) Program. You won't be able to enroll in this Part D prescription drug plan again until the next Open Season.

Please call us at the toll-free number below if you don't want to be enrolled in this plan.



Visit retiree.uhc.com/APWUHPPartD and select the **Chat now** button



Call toll-free **1-888-201-4265**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

Important information

Medicare Part B enrollment

In most cases, postal retirees who retire after January 1, 2025 will be required to enroll in Medicare Part B to continue retiree coverage in the PSHB Program.

Medicare Part B Late Enrollment Penalty (LEP)

If you didn't get Medicare Part B when you were first eligible, your monthly premium may go up. In most cases, you'll have to pay this penalty each time you pay your premiums, for as long as you have Medicare Part B.

Medicare Part D (LEP)

Once you become a UnitedHealthcare® Medicare RX PDP plan for APWU Health Plan member, you will receive a letter to confirm you have had continuous prescription drug coverage. If you had coverage through the APWU Health Plan Consumer Driven Option or another FEHB or PSHB plan since you became Medicare eligible, you had what is known as "creditable coverage" and a penalty will not apply. You simply need to respond to the letter as quickly as possible to avoid an unnecessary penalty.

Income-Related Monthly Adjustment Amount (IRMAA)

IRMAA is an amount Social Security determines you may need to pay in addition to your monthly Medicare Part B and Part D premium if your modified adjusted gross income on your IRS tax return from 2 years ago is above a certain limit. This plan is considered a Part D plan therefore if you currently have a Part B IRMAA then you may incur a Part D IRMAA when enrolling in this plan.

Copay cards

In most cases, coupons and prescription drug copay cards can't be used with a Part D plan. Copay cards include disclaimer language that state that they can't be used with Federal health care programs. Part D prescription drug plans are a Federal program.



Summary of Benefits 2026

UnitedHealthcare Medicare Rx (PDP)

Group Name (Plan Sponsor): APWU Health Plan

Group Number: 25681

S5921-802-000

Look inside to learn more about the plan and the drug services it covers.
Contact us for more information about the plan.



retiree.uhc.com/APWUHPPartD



Toll-free 1-888-201-4265, TTY 711

8 a.m.-8 p.m. local time, Monday-Friday

**United
Healthcare®**

Y0066_SB_S5921_802_000_2026_M

Summary of Benefits

January 1, 2026 - December 31, 2026

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at retiree.uhc.com/APWUHPPartD or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare Medicare Rx (PDP)

Deductible and limits

Annual prescription drug deductible	This plan does not have a deductible.
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Prescription drugs

Deductible	The plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.	
Initial coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,100 you move to the Catastrophic Coverage stage.	
Tier drug coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	25% coinsurance, with a \$20 copay maximum	25% coinsurance, with a \$40 copay maximum
Tier 2: Preferred Brand ~	25% coinsurance, with a \$45 copay maximum	25% coinsurance, with a \$90 copay maximum
Tier 3: Non-Preferred Drug ~	40% coinsurance, with a \$100 copay maximum	40% coinsurance, with a \$200 copay maximum
Tier 4: Specialty Tier ~	40% coinsurance, with a \$100 copay maximum	40% coinsurance, with a \$200 copay maximum
Catastrophic coverage	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.	

Prescription drugs

~ Subject to Medicare guidance, coinsurance may not apply to Part D insulin products. You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

APWU Health Plan offers drug coverage in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D benefit and your additional drug coverage. For more information, see your Additional Drug Coverage list. You can also view the Certificate of Coverage at retiree.uhc.com/APWUHPPartD or call Customer Service to have a hard copy sent to you.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.



You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. There's no penalty for applying, and you can re-apply every year. To see if you qualify for Extra Help, call:

- ☐ The Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778
- ☐ Your state Medicaid office

About this plan

UnitedHealthcare Medicare Rx (PDP) is a Medicare Prescription Drug Plan with a Medicare contract.

To join UnitedHealthcare Medicare Rx (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all U.S. territories.

Use network pharmacies

UnitedHealthcare Medicare Rx (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to retiree.uhc.com/APWUHPPartD to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

UnitedHealthcare Medicare Rx (PDP) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Benefits and features vary by plan. Limitations and exclusions may apply.

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates are not available in all areas.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Additional Drug Coverage

Your plan provides prescription drug coverage beyond what is listed in the plan's Drug List (Formulary).

To see the complete Drug List, scan the QR code or visit

retiree.uhc.com/APWUHPPartD



Lower-cost Medicare prescription drugs

The following drugs have a \$0 copay.

Allergic Reaction	Breast Cancer Treatment
Epinephrine (Injection)	Letrozole (2.5mg Tablet)
Asthma	Hypoglycemia (low blood sugar)
Albuterol (HFA Inhaler)	Baqsimi
Albuterol (Nebulized Solution)	Glucagon
Birth Control	Zegalogue
(All oral contraceptives) (generic only)	Insulin
Annovera (vaginal ring)	Humalog
Kyleena (intrauterine device)	Humulin
Liletta (intrauterine device)	Lantus
Medroxyprogesterone (150mg/mL injection)	Lyumjev
Mirena (intrauterine device)	Toujeo
Nexplanon (contraceptive implant)	Opioid Overdose Treatment
EluRyng (vaginal ring)	Kloxxado
Haloette (vaginal ring)	Naloxone (Cartridge, Injection, Nasal Spray & Prefilled Syringe)
Skyla (intrauterine device)	Opvee
Xulane (patch)	Zimhi
Zafemy (patch)	Statins for High Cholesterol
Bowel Prep Products	Atorvastatin (10mg, 20mg, 40mg & 80mg Tablet)
GaviLyte-C	Lovastatin (10mg, 20mg & 40mg Tablet)
GaviLyte-G	Simvastatin (5mg, 10mg, 20mg & 40mg Tablet)
GaviLyte-N	Tobacco Cessation Medications
PEG-3350/Electrolytes	Bupropion (150mg Tablet SR)
PEG-3350/NaCl/Na Bicarbonate/KCl	Nicotrol (Inhaler)
Breast Cancer Preventive Medications	Nicotrol (Nasal Spray)
Anastrozole (1mg Tablet)	Varenicline (0.5mg & 1mg Tablet)
Exemestane (25mg Tablet)	
Raloxifene (60mg Tablet)	
Tamoxifen (10mg & 20mg Tablet)	

See the Evidence of Coverage (EOC) for information about the appeals and grievance process for these prescription drugs and supplies.

Lower-cost non-Medicare prescription drugs

The following drugs have a \$0 copay.

Your plan includes coverage for these preventive drugs that are not covered by a Medicare Advantage plan. They are covered in addition to, so not listed on, your plan's Drug List. The amount you pay for these additional preventive drugs don't count towards your annual out-of-pocket maximum. You cannot file a Medicare appeal or grievance for these drugs.

Colon Preparation Products

Bisacodyl (Tablet)

Bisacodyl (Suppository)

Magnesium Citrate (Solution)

Polyethylene Glycol (Powder)

Blood Clot Prevention

Aspirin (Generic Only)

Tobacco Cessation Medications

Nicotine (Gum)

Nicotine (Lozenges)

Nicotine (Patches)

Vitamins

Folic Acid (0.4mg, 0.8mg & 1mg Tablet)

Bonus drug list

Your plan includes coverage for the following prescription drugs that are not listed on your plan's Drug List. Each drug is placed into a tier. See the Summary of Benefits for tier descriptions and costs.

Payments for these bonus drugs don't count towards your Medicare Part D out-of-pocket maximum.

You cannot file a Medicare appeal or grievance for these drugs and Extra Help from Medicare does not apply to these drugs.

Drug name	Drug tier	Coverage rules or limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anorexiants - drugs to promote weight loss		
Alli	3	QL (maximum of 3 capsules per day)
Benzphetamine	1	QL (maximum of 3 tablets per day)
Contrave	3	QL (maximum of 4 tablets per day)
Diethylpropion (25 mg)	1	QL (maximum of 3 tablets per day)
Diethylpropion (75 mg ER)	1	QL (maximum of 1 tablet per day)
Imcivree	3	QL (maximum of 9 vials (9 mL) per 30 days)
Liraglutide	1	PA, QL (maximum of 5 pens per 30 days)
Phendimetrazine (35 mg)	1	QL (maximum of 6 tablets per day)
Phendimetrazine (105 mg ER)	1	QL (maximum of 2 capsules per day)
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
Phentermine/Topiramate	1	QL (maximum of 1 capsule per day)
Saxenda	4	PA, QL (maximum of 5 pens per 30 days)
Wegovy	4	PA, QL (maximum of 4 pens per 28 days)

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Zepbound	4	PA, QL (maximum of 4 pens/vials per 28 days)
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Skin		
Sulfacetamide Sodium (Liquid Wash 10%)	1	
Sulfacetamide Sodium w/Sulfur (Cream 10-5%)	1	
Itching Or Pain		
Pramoxine/Hydrocortisone (Cream 1-2.5%)	1	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Hydrocortisone Acetate (Suppository 25 mg)	1	
Lidocaine/Hydrocortisone (Perianal Cream 3%-0.5%)	1	
Irritable Bowel Or Ulcers		
Hyoscyamine Sulfate	1	
Levbid	3	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Edex	3	QL (maximum of 6 cartridges per month)
Avanafil	1	QL (maximum of 6 tablets per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil	1	QL (maximum of 6 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Vyleesi	3	QL (maximum of 8 injections per 30 days)
Urinary Tract Infection		
Uro-MP (118 mg)	3	
Urinary Tract Spasm And Pain		
Belladonna Alkaloids & Opium (Suppositories)	1	MME, 7D, DL
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
NP Thyroid	1	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
K-Phos (Tab)	3	
Potassium Bicarbonate (Effervescent Tab 25 mEq)	1	
Vitamins And Minerals		
Cyanocobalamin (Injection) (Vitamin B12) (1000 mcg)	1	
Folic Acid (1 mg) (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 (Tablet 2.5-25-1 mg)	1	
Phytonadione (Tab)	1	
Reno (Cap)	1	
Vitamin D (50,000 unit) (Rx only)	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough And Cold		
Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/Dextromethorphan (Syrup)	1	
Guaifenesin/Codeine (Syrup)	1	DL
Hydrocodone Polst/Chlorpheniramine (ER Susp) (generic for Tussionex)	1	DL

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine (Syrup)	1	DL
Promethazine/Dextromethorphan (Syrup)	1	

Bold type = Brand name drug Plain type = Generic drug

Drugs with coverage rules or limits are noted in the chart and described below.

QL - Quantity limits

The plan will only cover a certain amount of this drug for one copay or over a certain number of days. These limits can help ensure safe and effective use of the drug.

MME - Morphine Milligram Equivalent

Additional quantity limits may apply to all opioid drugs used to treat pain. This additional limit is called a cumulative Morphine Milligram Equivalent (MME). It's designed to monitor safe dosing levels of opioids for people who may be taking more than one opioid drug for pain management. If your doctor or prescriber prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used to treat pain may be limited to a 7-day supply if you don't have a recent history of using opioids. This limit helps minimize long-term opioid use. If you are new to the plan and have a recent history of using opioids, the pharmacy may override the limit when appropriate.

DL - Dispensing limit

Dispensing limits apply to this drug. This drug is limited to a one-month supply per prescription.

BDL: BDL - Custom FED

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copay, and restrictions may apply.

Benefits and/or copay/coinsurance may change each plan/benefit year.

The Drug List may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Service number on the cover.

Statements of understanding

By enrolling in this plan, I agree to the following:

- ✓ **UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug Plan and has a contract with the federal government.**

This prescription drug coverage is in addition to my coverage under Medicare. I need to keep my Medicare Part A and/or Part B, and I must continue to pay my Medicare Part B premium if I have one, and if not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area, continue to pay my FEHB or PSHB plan premium, and be a United States citizen or be lawfully present in the U.S.

- ✓ **UnitedHealthcare MedicareRx for Groups (PDP) is available in all U.S. states, the District of Columbia and all U.S. territories.**

I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.

- ✓ **I can only be in one Medicare Part D Prescription Drug Plan at a time.**

- ☐ By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan.
- ☐ Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable federal statutes and regulations.

- ✓ **For members of the Group Medicare Part D Prescription Drug Plan.**

I understand that when my coverage begins, I must get all of my prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

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

Online: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
Phone: **1-800-368-1019, 800-537-7697** (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

This notice is available at: **<https://www.uhc.com/nondiscrimination-med>**
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ATENSIÓN: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

אויפמערק: אויב איר רעדט **אידיש (Yiddish)**, קענט איר באקומען אומזיסטע שפראך הילף סערוויסעס און אומזיסטע קאמיוניקאציע אויף אנדערע פארמאטן, אזוי ווי גרויסע אותיות. רופט דעם אומזיסטן נומער אויף אייער מעמבער אידענטיפיקאציע קארטל.

NOTES

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