

I.B.E.W. LOCAL 540 HEALTH FUND

Office Location
3660 Stutz Drive, Suite 101
Canfield, Ohio 44406

Phone: (330) 779-8854

October 2026

Dear Participant:

Included in this mailing are the following plan notifications:

- Creditable Coverage Notice for Prescription Drug Coverage
- Annual Notices:
 - Notice of Nondiscrimination
 - Women's Health and Cancer Rights (WHCRA)
 - Newborn's and Mothers Health Protection Act of 1996
- Privacy Practices Notice

Please contact us with any questions once you have reviewed the information.

Sincerely,

Board of Trustees

I.B.E.W. LOCAL 540 HEALTH FUND

Office Location
3660 Stutz Drive, Suite 101
Canfield, Ohio 44406

Phone: (330) 779-8854

Important Notice from I.B.E.W. Local 540 Health Fund about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with I.B.E.W. Local 540 Health Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
 2. I.B.E.W. Local 540 Health Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
-

When Can You Join a Medicare Drug Plan?

You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15th through December 7th, 2026.

However, if you lose creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current I.B.E.W. Local 540 Health Fund coverage may be affected depending on whether you are an Early Retiree Member or an Active Member. Please review your options carefully.

Options Available to Early Retiree Members and/or their Dependents with Medicare:

- **You can keep your current medical and prescription drug coverage** with I.B.E.W. Local 540 Health Fund, and you do not have to enroll in a Medicare prescription drug plan. You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (October 15th through December 7th each year).
- **You can enroll in a Medicare prescription drug plan.** You cannot keep your current prescription drug coverage with I.B.E.W. Local 540 Health Fund if you enroll in a Medicare prescription drug plan. If you enroll in a Medicare prescription drug plan, you will lose your prescription drug coverage under the Fund. Your medical coverage will continue. Your contribution for coverage will be the same whether you choose Medicare Part D or not. If you lose coverage, you will be permitted a one-time re-enrollment into prescription drug coverage under the Fund if you wish to return to the Fund's coverage at a later date. Be aware that only the individual enrolling in the Medicare prescription drug plan, be it the member, spouse, or dependent, will lose prescription drug coverage under the Fund. Prescription drug coverage under the Fund will continue for those individuals not enrolled in a Medicare prescription drug plan, in addition to their medical coverage.
- **You can choose to drop your current medical and prescription drug coverage** with I.B.E.W. Local 540 Health Fund and enroll in a Medicare prescription drug plan. Your current medical and prescription coverage will stop. If you drop coverage, you will be permitted a one-time re-enrollment into the Fund if you wish to return to the Fund's coverage at a later date.

If you do decide to enroll in a Medicare prescription drug plan and/or drop your I.B.E.W. Local 540 Health Fund prescription drug coverage, be aware that you will only have a one-time re-enrollment opportunity later.

Options Available to Active Members and/or their Dependents with Medicare:

- **You can keep your current medical and prescription drug coverage** with I.B.E.W. Local 540 Health Fund, and you do not have to enroll in a Medicare prescription drug plan. You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (October 15th through December 7th of each year).
- **You can enroll in a Medicare prescription drug plan.** You can keep your current medical and prescription drug coverage with I.B.E.W. Local 540 Health Fund. If you do this, I.B.E.W. Local 540 Health Fund will pay primary to the Medicare prescription drug plan.

For all Early Retirees and Active Members and/or their Dependents with Medicare:

You can keep your current coverage with I.B.E.W. Local 540 Health Fund and not enroll in a Medicare prescription drug plan. It is important that you compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area before making any decision to enroll in a Medicare prescription drug plan. Retirees and/or their dependents with Medicare should perform this

comparison carefully before choosing to drop prescription drug coverage with I.B.E.W. Local 540 Health Fund

The I.B.E.W. Local 540 Health Fund currently provides prescription drug benefits through a retail pharmacy and mail order program. Under the Fund's retail program, you first pay a \$25 annual deductible. Thereafter, you pay 10% (\$5 minimum) coinsurance for generic drugs, 20% (\$10 minimum) coinsurance for brand name drugs, or 75% coinsurance for certain drugs such as antifungal, influenza, acne drugs and non-sedating antihistamines. Under the Fund's mail order program, there is no annual deductible. You pay 10% (\$5 minimum) coinsurance for generic drugs, 20% (\$10 minimum) coinsurance for brand name drugs, or 75% coinsurance for certain drugs such as antifungal, influenza, acne drugs and non-sedating antihistamines. In addition, your current medical coverage under the Fund pays for other health expenses, in addition to prescription drugs.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your coverage with I.B.E.W. Local 540 Health Fund and do not join a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly Medicare prescription drug premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your Medicare prescription drug premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the Fund Administrator listed below for further information. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare prescription drug plan, and if this coverage through I.B.E.W. Local 540 Health Fund changes. You also may request a copy at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov,
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2026

Name of Entity/Sender: I.B.E.W. Local 540 Health Fund

Contact—Position/Office: Fund Administrator

Address: 3660 Stutz Drive, Suite 101, Canfield, OH 44406

Phone Number: (330) 779-8854

I.B.E.W. LOCAL 540 HEALTH FUND

Office Location
3660 Stutz Drive, Suite 101
Canfield, Ohio 44406

Phone: (330) 779-8854

NOTICE OF NONDISCRIMINATION

Discrimination is Against the Law

I.B.E.W. Local 540 Health Fund (“the Health Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). The Health Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

The Health Plan:

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 Health Plan at **(330) 779-8854**.

If you believe that the Health Plan 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 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at the Health Plan’s website:
<http://www.ourbenefitoffice.com/IBEW540/Benefits/Healthcare.aspx>

I.B.E.W. LOCAL 540 HEALTH FUND

Office Location
3660 Stutz Drive, Suite 101
Canfield, Ohio 44406

Phone: (330) 779-8854

WOMEN'S HEALTH AND CANCER RIGHTS ACT

As a reminder, the plan has been amended as a result of the Women's Health and Cancer Rights Act. This federal legislation requires that, as a result of consultation with a physician, the plan cover reconstruction of the breast on which the mastectomy was performed, surgery on the other breast to produce a symmetrical appearance and prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas. This coverage is subject to the Plan's annual deductibles and co-insurance provisions and was effective January 1, 1999.

* * *

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

The Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act) requires group health plans that offer maternity hospital benefits for mothers and newborns to pay for at least a 48-hour hospital stay for the mother and newborn following childbirth (or, in the case of cesarean section a 96-hour hospital stay), unless the attending provider, in consultation with the mother, decides to discharge earlier.

* * *

PRIVACY PRACTICES NOTICE

The Notice of Privacy Practices of the Fund is available upon request, at no charge, at the Fund Office, 3660 Stutz Drive, Suite 101, Canfield, Ohio 44406. If you would like more information on benefits, call the Fund Office.

Please keep this information with your Summary Plan Description. Also, if you have any questions, please contact the Fund Office.

BOARD OF TRUSTEES
I.B.E.W. Local 540 Health Fund

October 2026

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator, 3660 Stutz Drive, Suite 101, Canfield, Ohio 44406. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

I.B.E.W. LOCAL 540 HEALTH FUND

Office Location
3660 Stutz Drive, Suite 101
Canfield, Ohio 44406-8149

Phone: (330) 779-8854

I.B.E.W. LOCAL 540 HEALTH FUND'S NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") applies to Protected Health Information (defined below) associated with Group Health Plans (defined below) provided by I.B.E.W. Local 540 Health Fund to participating employees, the dependents of participating employees and, as applicable, retired participating employees. This Notice describes how I.B.E.W. Local 540 Health Fund collectively we, us, or our may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information, to provide individuals covered under our group health plan with notice of our legal duties and privacy practices concerning Protected Health Information, and to notify affected individuals following a breach of unsecured Protected Health Information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, copies of revised notices will be mailed to all individuals then covered by the Group Health Plan. Copies of our current Notice may be obtained by contacting I.B.E.W. Local 540 Health Fund at the telephone number or address below.

DEFINITIONS

Group Health Plan means, for purposes of this Notice, the following employee benefits that we provide to participating employees, employee dependents and, as applicable, retired employees: medical coverage, Medicare Advantage coverage, prescription drug coverage, vision coverage, accident & sickness benefits, and medical reimbursement benefits coverage.

Protected Health Information ("PHI") means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Under no circumstances will we use or disclose your psychotherapy notes, use your PHI for marketing purposes, sell your PHI, or use or disclose your PHI for any purpose not described in this Notice without your specific written authorization, which you may revoke in writing at any time except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Uses and Disclosures for Payment – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

Uses and Disclosures for Health Care Operations – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan.

Family and Friends Involved in Your Care – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

Business Associates – At times we use outside persons or organizations to help us provide you with the benefits of your Group Health Plan. Examples of these outside persons and organizations might include vendors that help us process your claims. At

times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

Other Products and Services – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing Group Health Plan coverage, and about health-related products and services that may add value to your Group Health Plan.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our use or disclosure of your Protected Health Information in accordance with the more stringent standard.

Substance Use Disorder Treatment Records – If the Fund receives or maintains your information from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Record”) through a general consent that you provided to the treatment program to use and disclose the Part 2 Record for purposes of treatment, payment or health care operations, the Fund may use and disclose the Part 2 Record for treatment, payment and health care operations purposes as described in this Notice. If the Fund receives or maintains a Part 2 Record through specific consent you provide to the Fund or to a third party, the Fund will only use and disclose the Part 2 Record as expressly permitted in the consent provided.

In no event will the Fund use or disclose the Part 2 Record, or testimony that describes the information contained in the Part 2 Record, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against you, unless authorized by your consent or by an order of court after the court provides the patient with notice of the court order.

DISCLOSURES TO BOARD OF TRUSTEES

We may disclose PHI to the sponsor of the Group Health Plans, the Board of Trustees of the I.B.E.W. Local 540 Health Fund only in accordance with the Group Health Plans documents that restrict the use or disclosure of such PHI by the Board of Trustees consistent with the Privacy Practices described in this Notice.

In addition, we may disclose summary health information to the Board of Trustees as requested so that the Board of Trustees may: obtain premium bids from health plans for providing health insurance coverage under any of the Group Health Plans; modify, amend, or terminate any of the Group Health Plans; or, confirm your enrollment or disenrollment from any of the Group Health Plans.

In no event will we use or disclose PHI that is genetic information for underwriting purposes. Underwriting purposes include any rules or determinations affecting your eligibility for coverage or benefits; computations of premiums or contribution amounts; application of any pre-existing condition exclusions; and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits. Underwriting purposes do not include determinations of medical appropriateness where an individual seeks a benefit under the plan, coverage, or a policy.

RIGHTS THAT YOU HAVE

Access to Your PHI – You have the right of access to copy and/or inspect your PHI that we maintain in designated record sets. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). Access request forms are available from the I.B.E.W. Local 540 Health Fund at the address below. We may charge you a fee for copying and postage.

Amendments to Your PHI – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from us at the address below.

Accounting for Disclosures of Your PHI – You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. Accounting request forms are available from us at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your PHI – You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. We will always agree to your request that we not make a disclosure for the purpose of carrying out payment or health care operations, if disclosure is not otherwise required by law, and if the PHI pertains solely to a health care item or service you received for which you have paid us in full. Otherwise, we are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting us at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voicemail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to us at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington,

D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the I.B.E.W. Local 540 Health Fund's Privacy Office by writing to: I.B.E.W. Local 540 Health Fund Attn: Privacy Office, c/o BeneSys, Inc., 3660 Stutz Drive, Suite 101, Canfield, OH 44406 or by calling Toll Free 800-435-2388.

EFFECTIVE DATE

This Notice is effective February 16, 2026

I.B.E.W. LOCAL 540 HEALTH FUND

Office Location
3660 Stutz Drive, Suite 101
Canfield, OH 44406

(330) 270-0453

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

English ATTENTION: If you speak another language, 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 (330) 270-0453 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 (330) 270-0453 o hable con su proveedor.

中文 (Chinese) 注意: 如果您说[中文], 我们将免费为您提供提供语言协助服务。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 (330) 270-0453 或咨询您的服务提供商。

Tiếng Việt (Vietnamese) LƯU Ý: Nếu bạn nói một ngôn ngữ khác, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các dịch vụ và trợ giúp bổ sung phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng có sẵn miễn phí. Gọi (330) 270-0453 hoặc nói chuyện với nhà cung cấp của bạn.

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulon sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulon at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa (330) 270-0453 o makipag-usap sa iyong provider.

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. (330) 270-0453 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Հայերեն (Armenian) ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք այլ լեզվով, ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ օժանդակ միջոցներն ու ծառայությունները խոյնպես հասանելի են անվճար: Չանգահարեք (330) 270-0453 կամ խոսեք ձեր մատակարարի հետ

فارسی (Persian) توجه: اگر به زبان دیگری صحبت می کنید، کمک زبان رایگان برای شما در دسترس است. خدمات کمکی و کمکی مناسب برای ارائه اطلاعات در قالب های قابل دسترس نیز به صورت رایگان در دسترس هستند. با (330) 270-0453 تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги

языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (330) 270-0453 или обратитесь к своему поставщику услуг.

日本語 (Japanese) 注意: 別の言語を話す場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助手段やサービスも無料でご利用いただけます。(330) 270-0453 に電話するか、プロバイダーにお問い合わせください。

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 (330) 270-0453 أو تحدث إلى مقدم الخدمة.

ਗੁਰਮੁਖੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਚੁਕਵੀਆਂ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। (330) 270-0453 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

ខ្មែរ (Khmer) យកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាគតិកិច្ចអាចរកបានសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាច ចូលប្រើបានក៏អាចរកបានដោយគតិកិច្ចផងដែរ។ ទូរស័ព្ទទៅ (330) 270-0453 ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Hmoob (Hmong) CEEB TOOM: Yog tias koj hais lwm hom lus, muaj kev pabcuam lus pub dawb rau koj. Cov kev pabcuam tsim nyog thiab cov kev pabcuam los muab cov ntaub ntawv hauv cov qauv siv tau kuj muaj pub dawb. Hu rau (330) 270-0453 lossis tham nrog koj tus kws kho mob.

हिंदी (Hindi) ध्यान दें: यदि आप दूसरी भाषा बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। (330) 270-0453 पर कॉल करें या अपने प्रदाता से बात करें।

ภาษาไทย (Thai) หมายถึง: หากคุณพูดภาษาอื่น คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี นอกจากนี้ ยังมีบริการช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โปรดโทร (330) 270-0453 หรือพูดคุยกับผู้ให้บริการของคุณ