

PHYSICIAN

# 2023 Benefit Options

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Here's how we support you so  
you can support our patients.



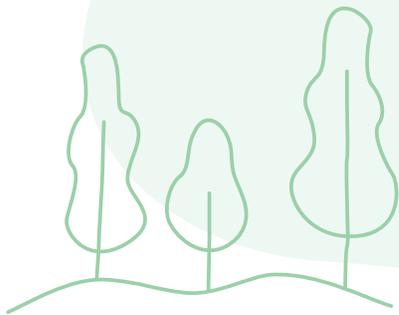
# When you're as passionate about health care as we are, the work is just one of many rewards.

One of the rewards you get for being a part of AHN is a great benefits package that you can tailor to your needs, plus some special added perks.

To help you embrace your health, we provide you with better-than-competitive benefits designed to make your life better. From health to financial assistance to time away from work, our comprehensive benefits program is designed to support every aspect of your well-being, both now and into the future.

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ELIGIBILITY

**Your role, your life.  
Let's see what you  
qualify for.**



## Who you are and what benefits you can get

You are eligible for different benefits based on your hours worked per week.

### Full-time employee (70–80 hours bi-weekly)

- Medical and prescription drug coverage
- Dental and vision coverage
- Life and accidental death & dismemberment (AD&D) coverage (basic, supplemental, spouse/domestic partner and child life options)
- Business travel accident coverage
- Health savings account (HSA)
- Flexible spending accounts (FSAs)
- Paid time off (PTO)
- Paid parental leave
- Short-term disability and long-term disability
- Voluntary benefits
- 401(k) retirement savings

### Part-time employee (32–69.99 hours bi-weekly)

You're eligible for all of the above except:

- Short-term disability – option to purchase
- Long-term disability
- Basic life insurance

### Fewer than 32 hours bi-weekly

You aren't eligible for health care benefits, unless you meet Affordable Care Act requirements outlined in the Employer Shared Responsibility mandate.

You may be eligible for 401(k) retirement benefits and/or paid time off if you meet certain requirements.

Note: Paid time off (PTO) benefits do not apply to shift-based physicians.

# Dependent eligibility

Our plans also cover your family and immediate dependents. Find out who's eligible.

Eligible dependents for medical, dental, vision, spouse/domestic partner life, and child life coverage include your:

- Spouse/domestic partner.
- Children under age 26.
- A child who became disabled before age 26 and remains disabled and dependent on you for primary financial support, or lives with you and does not provide more than 50% of their own support (for medical, dental, and vision coverage only).

For eligibility purposes, your child includes:

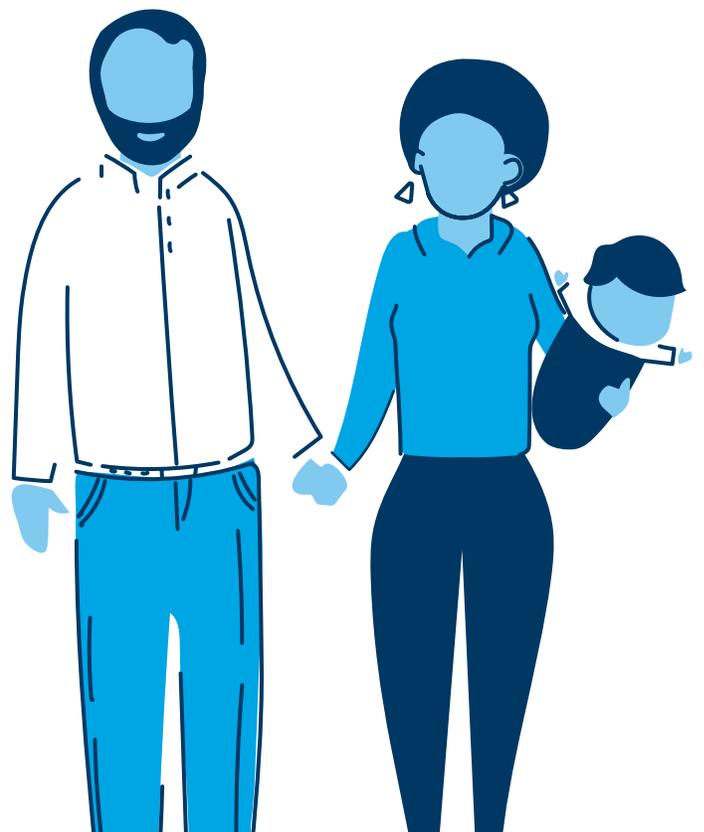
- A natural child.
- A stepchild.
- A domestic partner's child.
- An adopted child or child legally placed with you for adoption.
- A child for whom you have received court-approved legal custody or guardianship, provided the child is living as a member of your household and you provide more than half of their support.
- Any child for whom you are required to provide health care benefits by a court order, such as a qualified medical child support order.

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## Verification of dependents

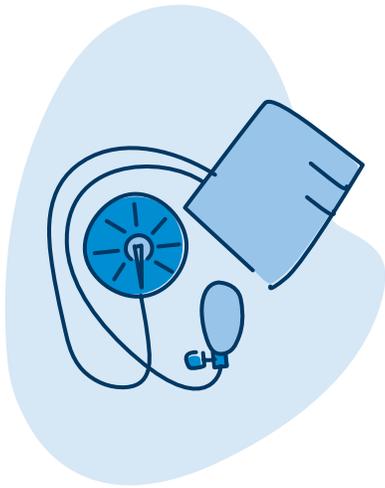
If you add dependents to your medical, dental, vision, and/or life insurance coverage, you will have **30 days** from the date that you enroll to provide the required documents.

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**MEDICAL AND PRESCRIPTION DRUG**

**Find a plan that  
works for you.**



# Medical, prescription drug, and wellness programs

Your options for medical benefits are all EPO plans. That means you can see any in-network doctor with no referral, but you don't have coverage outside your Community Blue network, except for emergency care.

You'll pick one of two exclusive provider organization (EPO) plan options, including a high deductible health plan (HDHP) with a health savings account (HSA). All medical plan options include prescription drug coverage with mandatory generic and mandatory mail order for maintenance drugs.

## Medical plans

Medical plans are available based on where you live. If you live in western Pennsylvania, your plans have Enhanced and Standard benefit levels. When you choose in-network providers at the Enhanced level, you have higher benefit coverage, including a lower deductible and lower copays. There is no coverage for out-of-network providers with any plan, except for emergency services.

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## Finding care

AHN lets you and your family choose from over 2,800 physicians at more than 270 western Pennsylvania care locations.

Here are a few ways to find a great one near you:

- Call **(412) DOCTORS**.
- Visit [ahn.org](http://ahn.org) and search for doctors.
- Go to [drmatchquiz.com](http://drmatchquiz.com) to find a doctor you'll connect with on a personal level.

## Wellness rewards

In addition to our wellness programs and support, you can earn incentives through our Wellness Rewards program that help offset the cost of your medical expenses. Complete a few simple steps that support improved health and you'll lower your annual medical plan deductible by \$500 or \$1,000.

# Medical plans

You can choose one of two medical plans or to waive medical coverage. The medical plan summaries below assume you’ve completed all your Wellness Rewards program requirements. If you haven’t, when looking at deductibles, add \$500 to the individual and \$1,000 to the family amounts.

Community Blue Select and Community Blue Choice options will be available to you based on your county of residence in western PA.

Find your county below to know your options.

### Community Blue Select EPO or HDHP

- Allegheny
- Beaver
- Butler
- Erie
- Washington
- Westmoreland

### Community Blue Choice EPO or HDHP

- Armstrong
- Bedford
- Blair
- Cambria
- Cameron
- Centre (split)\*
- Clarion
- Clearfield
- Crawford
- Elk
- Fayette
- Forest
- Greene
- Huntingdon
- Indiana
- Jefferson
- Lawrence
- McKean
- Mercer
- Potter
- Somerset
- Venango
- Warren

BENEFIT		EPO PLAN		HDHP	
		Enhanced	Standard	Enhanced	Standard
Deductible	Individual	\$300	\$750	\$1,500	\$3,000
	Family	\$600	\$1,500	\$3,000	\$6,000
Inpatient Copay/Admission (Including hospitalization, procedures, labs, diagnostic tests, physical therapy, and more.)		n/a	\$1,500	n/a	n/a
Outpatient Copay/Admission (Including procedures, labs, pathology, and other tests.)		n/a	\$500	n/a	n/a
Coinsurance (Coinsurance applies to: inpatient facility, outpatient facility, professional services, professional diagnostic services [X-rays, labs, etc.], durable medical equipment, home health care, mental health, inpatient, physical, speech, and occupational therapy.)		90%	60%	80%	50%
Annual Out-of-Pocket Maximum (Includes deductible and coinsurance and are based on the deductible noted above.)	Individual	\$2,500	\$6,500	\$3,500	\$6,500
	Family	\$5,000	\$13,000	\$7,000	\$13,000
Total Out-of-Pocket Maximum (Includes all medical copays, deductibles, coinsurance, prescription drug copays, and other qualified medical expenses.)	Individual	\$7,500		\$7,500	
	Family	\$15,000		\$15,000	
Preventive Care		100%, no deductible		100%, no deductible	

Notes:

- Residents of Centre county with ZIP codes 16666, 16667, 16686, 16829, 16845, 16859, 16860, 16865, 16866, 16874, and 16877 will be eligible for the Community Blue Choice Network. All other Centre County ZIP codes will be eligible for the Community Blue Network.
- Except for emergencies, you do not have benefits if you use out-of-network providers.

### Copays (what you pay for common services)

BENEFIT	EPO PLAN		HDHP	
	Enhanced	Standard	Enhanced	Standard
PCP	\$20	\$50	Plan pays 80% after deductible, you pay 20%	Plan pays 50% after deductible, you pay 50%
Mental Health and Substance Abuse	\$20	\$50		
Specialist	\$40	\$75		
Urgent Care	\$40		Plan pays 80% after deductible, you pay 20%	
ER Visit	Plan pays 100% after \$200 copay (waived if admitted)		Plan pays 80% after deductible, you pay 20%	

### Prescription Drug Copays

Not applicable to HDHP until deductible is met.

TYPE	RETAIL (UP TO 34-DAY SUPPLY)	MAIL ORDER (UP TO 90-DAY SUPPLY)
Generic	You pay \$10	You pay \$25
Preferred Brand	You pay \$50	You pay \$113
Specialty	You pay 50% up to \$250 maximum (waived if filled through the AHN CarePartner Program)	N/A

Notes:

- Saint Vincent employees and dependents must use PharmSV to receive up to the 34-day supply. (Other in-network pharmacies will only dispense a 15-day supply.)
- Copays do not apply to HDHP until deductible has been met.

If you reside in a county outside of western PA (or even reside in another state), these Community Blue options will be available to you.

**See details below to know your options.**

**Community Blue EPO or HDHP**

If you live in a PA county not listed on the previous page or any other location outside of PA.

Outside Western PA			
BENEFIT		COMMUNITY BLUE EPO	COMMUNITY BLUE HDHP
Deductible	Individual	\$300	\$1,500
	Family	\$600	\$3,000
Plan Pays (Coinsurance)		90%	80% after deductible
Annual Out-of-Pocket Maximum (Includes deductible and coinsurance and is based on the deductible noted above.)	Individual	\$2,500	\$3,500
	Family	\$5,000	\$7,000
Total Out-of-Pocket Maximum (Includes all medical copays, deductibles, coinsurance, prescription drug copays, and other qualified medical expenses.)	Individual	\$7,500	\$7,500
	Family	\$15,000	\$15,000
Preventive Care		100%, no deductible	100%, no deductible

Note:

- Except for emergencies, you do not have benefits if you use out-of-network providers.

## Copays (what you pay for common services)

BENEFIT	COMMUNITY BLUE EPO	COMMUNITY BLUE HDHP
PCP	\$20	80% after deductible
Mental Health And Substance Abuse	\$20	80% after deductible
Specialist	\$40	80% after deductible
Urgent Care	\$40	80% after deductible
ER Visit	Plan pays 100% after \$200 copay (waived if admitted)	80% after deductible

## Prescription Drug Copays

TYPE	RETAIL (UP TO 34-DAY SUPPLY)	MAIL ORDER (UP TO 90-DAY SUPPLY)
Generic	You pay \$10	You pay \$25
Preferred Brand	You pay \$50	You pay \$113
Specialty	You pay 50% up to \$250 maximum (waived if filled through the AHN CarePartner Program)	N/A

**Notes:**

- Saint Vincent employees and dependents must use PharmSV to receive up to the 34-day supply. (Other in-network pharmacies will only dispense a 15-day supply.)
- Copays do not apply to HDHP until deductible has been met.

**DENTAL AND VISION**

**All you need for  
clean teeth and  
healthy vision.**



# Dental benefits

AHN offers two options for dental, Basic or Enhanced. Or you can waive coverage altogether.

All dental plan options are PPOs, so you can use any licensed dentist you want. Both provide 100% coverage for diagnostic and preventive services, including exams, X-rays, and cleanings. Child orthodontia services are available with the Enhanced option only.

Dental Benefits Summary		
TYPES OF SERVICE*	BASIC OPTION	ENHANCED OPTION
<b>Diagnostic and Preventive Services</b> (Exams, X-rays, cleanings, fluoride treatments, sealants, etc.)	Plan pays 100%	Plan pays 100%
<b>Basic Services</b> (Fillings, simple extractions, etc.)	Plan pays 80%	Plan pays 100%
<b>Major Services</b> (Inlays, onlays, crowns, bridges, dentures, etc.)	Plan pays 40%	Plan pays 60%
<b>Orthodontic</b> (Children up to age 19)	Not covered	Plan pays 50%, \$1,500 per child lifetime maximum benefit
<b>Annual Deductible</b> (Applies to basic and major restorative services)	\$50 Individual \$150 Family	\$25 Individual \$75 Family
<b>Calendar Year Benefit Maximum</b> (Excludes diagnostic and orthodontic services)	\$1,200 per person	\$1,500 per person

\* Subject to frequency limitations



## Vision benefits

You can choose vision coverage or waive coverage altogether. Your vision plan provides:

- One vision exam and frames with lenses or contact lenses each calendar year.
- One-year eyeglass breakage warranty for repair or replacement.
- 20% discount at most network offices for extra items like sunglasses or a backup pair.

### Vision Benefits Summary

BENEFIT	IN-NETWORK	COVERAGE DETAILS
Eye Exam	\$0	Covered in full. Includes dilation when professionally indicated.
Spectacle Lenses	\$10	Clear plastic lenses in any single vision, bifocal, trifocal, or lenticular prescription: covered in full. (There may be copays for additional lens options and coatings.)
Frame	\$0	Covered in full: Frames. Any Fashion or Designer level frame from Davis Vision's Collection. (Retail value up to \$160)
		OR, Frame Allowance: \$100 toward any frame from a network provider.
Contact Lens Evaluation and Fitting	\$0	Davis Vision Collection Contacts. Non-Collection Contacts: covered in full, \$60 allowance.
Contact Lenses (in lieu of eyeglasses)	\$0	Covered in full: Contacts, Planned Replacement, Disposable. From Davis Vision's Collection/2, up to: Two boxes/multipacks*   Four boxes/multipacks*  *Number of contact lens boxes may vary based on manufacturer's packaging.
		OR, Contact Lens Allowance: \$100 allowance toward any contacts from provider's supply.
		OR, Medically Necessary Contacts: covered in full with prior approval.

## **CONTRIBUTIONS**

**Let's get down to it,  
what does it cost?**

# 2023 employee contributions

What you pay based on calendar year and 26 pay periods.

Full-Time				
PLAN	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
HDHP	\$26.18	\$63.00	\$70.54	\$81.02
EPO PLAN	\$56.16	\$135.12	\$151.29	\$173.76
DENTAL: BASIC	\$5.88	\$10.36	\$11.77	\$17.34
DENTAL: ENHANCED	\$9.04	\$19.44	\$18.08	\$26.58
HIGHMARK VISION	\$1.27	\$2.68	\$2.55	\$4.08

Part-Time				
PLAN	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
HDHP	\$48.65	\$146.43	\$163.97	\$188.31
EPO PLAN	\$94.70	\$227.85	\$255.12	\$292.99
DENTAL: BASIC	\$10.18	\$17.94	\$20.37	\$30.01
DENTAL: ENHANCED	\$13.34	\$28.68	\$26.68	\$42.55
HIGHMARK VISION	\$2.56	\$5.36	\$5.10	\$8.16

**SPENDING ACCOUNTS**

**Budgeting for health?  
With us, it's easy.**



# Spending and savings accounts

AHN offers a health savings account (HSA) and flexible spending accounts (FSAs). Besides making it easier to budget, an HSA or an FSA can save you money by lowering your taxes.

## Health savings account (HSA)

An HSA is a tax-advantaged account available if you enroll in a qualified high deductible health plan (QHDHP). HSAs allow you to set aside pre-tax dollars to pay for eligible medical expenses to reduce your taxable income. If you have an HSA, your balance rolls over each year.

AHN also provides an employer contribution of \$500 for employee only coverage and \$1,000 for two or more. Employer HSA contributions are prorated based on your hire date.

## Flexible spending account (FSA)

FSAs help you manage your out-of-pocket costs while saving money using pre-tax funds to pay for eligible expenses. AHN offers three types of FSAs.

### Limited-Purpose FSA

Available if you enroll in the HDHP, our LPFSA has a maximum contribution amount of \$2,850 per year. You can use it for eligible dental or vision expenses and carry over up to the annual IRS limit into the next year as long as you reenroll in the LPFSA the following plan year.

### Health Care FSA

Available if you enroll in the EPO plan or waive medical coverage, our HCFSA has a maximum contribution amount of \$2,850 per year. You can use it for eligible medical, dental, or vision expenses and carry up to the annual IRS limit into the next year as long as you reenroll in a HCFSA the following plan year.

### Dependent Care FSA

Available regardless of medical plan choice, a DCFSA lets you set aside up to \$5,000 per year for eligible dependent day care costs. Recipients need to be claimed as dependents on your federal taxes, under age 13, or a disabled parent, child, or relative. Unused funds don't carry over.

## **OTHER BENEFITS**

**Looking for even  
more valuable  
benefits? Here's  
a whole bunch.**



## Life, AD&D, and Disability

It's important to know your loved ones will be taken care of if the unexpected happens. AHN's coverage options provide financial protection and security for you and your family.

### Life and Accidental Death and Dismemberment (AD&D)

Group term life insurance is a simple, cost-effective way to protect your loved ones for a specific period of time in the event of unexpected passing or a disabling event. AHN provides these coverage options:

- Employer-Paid Basic Life and AD&D (Full-time employees only)
- Supplemental Life and AD&D
- Spouse Life and AD&D
- Child Life and AD&D

### Disability benefits

To protect you and your family from the financial burden that your sudden injury or illness could bring, the company provides two types of employer-paid disability coverage for full-time employees. You must work a minimum of 35 hours per week to be eligible for employer-paid disability coverage. Part-time employees have the option to purchase short-term disability coverage.

#### Short-Term Disability

The short-term disability plan provides benefits up to 26 weeks if you're unable to work due to personal illness, injury, or maternity. Benefits provide 60% base salary continuation. Part-time employees working 16 hours or more per week can purchase short-term disability coverage.

#### Long-Term Disability

This coverage pays benefits if you are disabled as a result of illness or injury and unable to work for an extended period of time. Benefits provide 60% base salary continuation up to a maximum benefit of \$25,000.

# Even more great benefits and resources



## 401(K) INVESTMENT PLAN

### Our 401(k) plan helps you prepare for retirement.

You can save on a pre- or post-tax or Roth basis. If you're at least 21 years old, you're eligible to participate in the plan after 30 days of employment. Once you meet these requirements, you're enrolled in the plan at a 4% pre-tax contribution rate. This contribution is invested in a ready-mixed fund based upon your age. You may change your contribution rate and your investment elections at any time.

The company matches contributions dollar for dollar up to the first 4% contributed. You are immediately vested in these contributions. The company also makes an automatic contribution of 1% of pay annually to your account regardless of whether you contribute to the plan. The 1% employer contribution vests after three years of service. You are eligible for the annual contribution if you:

- Work at least 1,000 hours in a calendar year.
- Are actively employed on the last business day of the year (or terminate employment during the year due to retirement, disability, or death).



## 457(B) PLAN

### An additional avenue to save for retirement

AHN offers a 457(b) Deferred Compensation Plan for physicians who meet service and salary requirements. You can defer up to the IRS limit per calendar year once you've reached the maximum compensation limit as defined by the IRS. Your contributions are vested immediately and there's no employer contribution to the plan.



## PAID TIME OFF (PTO)

### Work-life balance is essential.

Maintaining a healthy work-life balance is crucial, especially when you're providing care and serving patients. AHN provides a competitive PTO program with flexibility to meet your lifestyle needs.



### PAID PARENTAL LEAVE

## Take time to care for your new family member.

AHN offers paid time off for a parent to care for and bond with a newly born, newly adopted, or newly placed foster child.

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### EDUCATION BENEFITS

## Continuing education or student debt? We're here for you.

Whether it's continuing education or getting help with student debts, AHN offers a variety of educational benefits for you.

#### Tuition Reimbursement Program

Full- and part-time employees can receive tuition reimbursement. It lets you enroll in a formal degree program for job-related courses. AHN provides up to \$3,500 annually for full-time employees and \$1,750 annually for part-time employees.

#### Student Loan Counseling Program

Get guidance from licensed financial planning professionals for help managing your student debt, financial planning, debt consolidation, assistance with the Federal Student Loan Program, loan refinancing, and financial goal planning.

#### Tuition Discount Program

AHN partners with local universities to offer discounted tuition. Each school is in charge of its own policies and procedures, so contact a billing/student accounts or financial aid representative at the school you're attending to see if the discount is offered.

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### LIFESTYLE BENEFITS

## Additional benefits for extra peace of mind

- Critical illness, hospital indemnity, and accident insurance
- Prepaid legal services
- Identity theft monitoring services
- Pet insurance
- Employee discounts and purchasing programs
- Business travel accident insurance
- Employee Assistance Program
- Ernst & Young (EY) financial planning
- Transit benefits and subsidized parking programs (location specific)
- On-site fitness centers (location specific) and virtual fitness benefits

## There's a lot of legalese around these plans. We put it all in one place for you.

### Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, 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>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。  
请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하지는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

