

Choose a better  
experience with your  
***health insurance***



2026



Better value and a **better experience** with the flexibility you want

When you choose Moda Health and Delta Dental Plan of Oregon, you'll receive high-quality insurance, more freedom, expert guidance, and curated wellness services, tools and programs.



Proven  
with nearly 70 years of  
offering insurance plans  
in the Pacific Northwest

# Plans that put *you first*



### Your personal member support team

Rely on your **Moda 360 team**, who puts you at the center with care reminders, healthcare tips, advice and guidance through the confusing and sometimes stressful parts of healthcare.



### A wide medical network, with 24/7 doctor access

Enjoy more choices and more access, including the [CirrusMD app](#), so you can connect to a doctor in under a minute, anytime, anywhere, at no cost to you.



### Behavioral health that's right for you

You have access to [Spring Health](#), which provides mental health telehealth services for care navigation, therapy, coaching, self-guided exercises and more.



### One of the largest networks of dentists

Experience top-of-the-line dental care from one of the largest networks of dentists in Oregon and across the country. Plus, with our Preventive First program, preventive services do not count towards your annual benefit maximum. This leaves you with more dollars for basic and major services if you need them.



### Quality prescription benefits

Get comprehensive prescription drug coverage that reflects the most current industry standards, giving you flexibility and choice, with value, select generic and preferred medication categories. Save with 90-day prescription mail-order and take advantage of Ardon Health, the mail-order specialty pharmacy exclusively for PEBB members with certain chronic conditions.



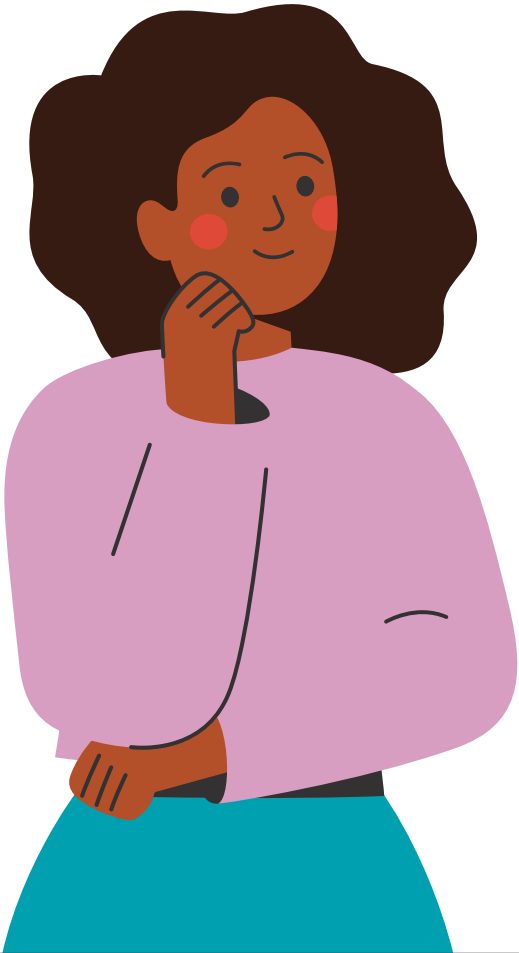
### Choose a better experience.

Enroll in medical and/or dental today at [pebbbenefits.oha.oregon.gov/](https://pebbbenefits.oha.oregon.gov/)

# Make a *better choice*

**Insurance can be confusing.** We want to make the experience better for you by helping you understand your choices.

When selecting your plan, you want to know:



**Is my provider a PCP 360 provider?**

Learn more on page 16.



**Are my medications covered?**

Look them up on the Pharmacy services page at [modahealth.com/pebb/](https://modahealth.com/pebb/)



**Do I need a referral to see a specialist?**

No referrals are needed for in-network specialist visits or alternative care, which means no need to get permission from your PCP or health plan to see these specialists!



**My kids are attending college out-of-state; are they covered?**

**Yes!** Moda Health insures your out-of-state dependents through Aetna PPO® through Aetna Signature Administrators®, except for members who live in Idaho and Alaska.

OOA dependents who live in Idaho will continue to use the Synergy and First Health network.

OOA dependents who live in Alaska will continue to use the First Health network.



**Am I covered if I need medical assistance outside of Oregon?**

**Yes!** Your plan includes out-of-area coverage. Starting 10/1/26, you will be able to access the Aetna PPO(R) network for care beyond urgent and emergent care.



**Ready to choose?**

Make your selection at [pebbbenefits.oha.oregon.gov/](https://pebbbenefits.oha.oregon.gov/)

Flexible  
and easy  
better benefit choices,  
better care and  
a better network

**Teladoc**  
HEALTH

PEBB members can select Teladoc as their PCP 360 for primary care services.

- Members schedule their appointment by using their app, desktop or phone.
- Prior to the member's virtual appointment, Teladoc will provide a blood pressure cuff and a heart rate monitor to the member.
- If labs or a specialist are required, the Teladoc provider will help coordinate these visits with the member.

To learn more, visit [teladochealth.com](https://teladochealth.com).  
To select Teladoc as your PCP 360, log into your Member Dashboard or call the Moda 360 Health Navigator team.



**Moda 360 Health Navigators** can be your guide

Moda 360 Health Navigators understand the healthcare system, your benefits, and can guide you to the best care for you.



**Moda 360 Health Navigators** can help you with:

- Signing up for a PCP 360 for coordinated care
- Scheduling appointment support
- Connection to care programs for chronic conditions
- Integrating your dental health into your overall health plan
- Understanding claims and billing



**PCP 360 providers** can coordinate your care

A PCP 360 is a primary care provider who has agreed to partner with you and be accountable for your health. They deliver full-circle care.



**Choosing a PCP 360 provider** means you will receive:

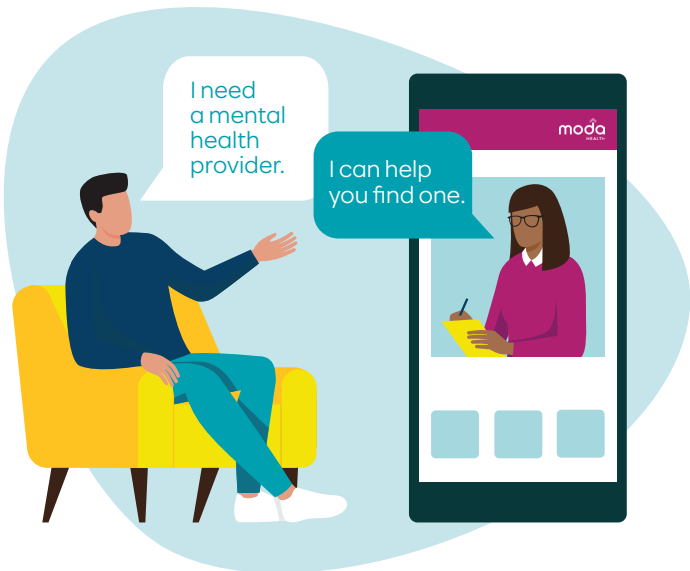
- Coordination with other providers, as needed
- 24/7 medical advice by phone
- No referrals needed for specialists or alternative care
- Hospital coordination, if needed
- Wellness support and health education



To see if your provider is a PCP 360, head to [modahealth.com/pcp360](https://modahealth.com/pcp360) and look for the PCP 360 badge

Prioritize your mental health with **Behavioral Health 360**

Our **Behavioral Health Champions** and **Self-Guided Assessment** offer two ways to help you find care that suits you best. Whether you want personal guidance or prefer to assess your needs privately, we make it easy to find the mental health care and support that's right for you.



Go to the **Behavioral Health 360 tab** in your **Member Dashboard**

- Connect with a Behavioral Health Champion
- Complete a Self-Guided Assessment

Our **Behavioral Health 360 Champions** can connect you with a local provider that's right for you. Plus, we've partnered with specialized mental and behavioral health experts to make sure you find the right type of care that you need.

**Hazelden Betty Ford** offers treatment and resources to help individuals and their families recover from substance use and addiction.

**Gemiini** provides family support and resources for children with special needs and developmental disorders such as autism, Down syndrome and speech delay.

**Spring Health** connects individuals and family members with telehealth services for mental health therapy, psychiatry, care navigation and digital cognitive behavioral therapy.

**Meru Health** gives you smartphone access to a licensed therapist for simple lessons and activities to support your mental well-being.



**Find the right mental health support for you.**

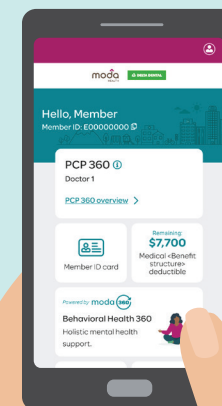
Contact a Behavioral Health 360 Champion at [833-212-5027](tel:833-212-5027), [bhchampions@modahealth.com](mailto:bhchampions@modahealth.com) or take the Self-Guided Assessment on your **Member Dashboard**



Innovative  
with modern ways  
to stay healthy, like  
texting a doctor and  
virtual appointments

## Unleash the power of *your Member Dashboard*

Your Member Dashboard is a new personalized digital experience that puts the power of our health at your fingertips. Easy to use and accessible from anywhere, log in to connect to care and support that's tailored to your specific health needs.

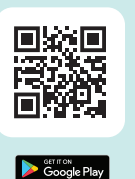


### Now available as an app!

Scan the QR code to your app store. Download the Moda 360 mobile app and take charge of your health — no matter where you are.



Download on the  
App Store



GET IT ON  
Google Play

The power of your health at your fingertips

Personalized just for you, your **Member Dashboard** has everything you need to manage your health, wherever you may be. Check your **Care Reminders**, chat with a **Health Navigator**, join **Moda 360 programs** matched just for you, and so much more. Log in often to stay your healthy best.



Personal Care Reminders

Care Reminders are designed just for you and your health benefits. Log in to your dashboard to see important notifications for preventive care, vaccines and much more.



Health Navigators

Chat live with an expert Moda 360 Health Navigator for help choosing your PCP 360, scheduling appointments and much more. They can connect you with the right care, resources and programs.



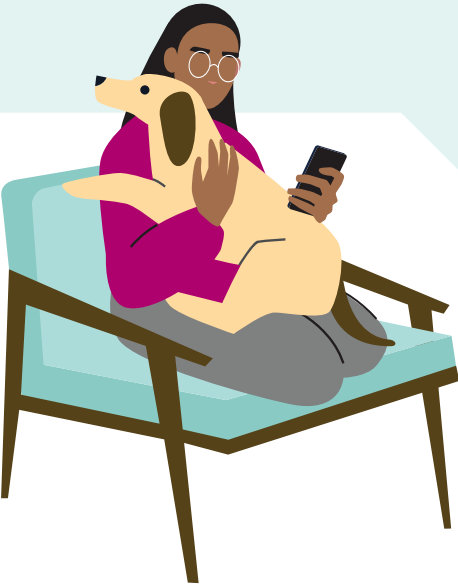
Moda 360 programs

Engage with Moda 360 programs matched to your personal health needs. Your dashboard shows you programs that are right for you, today. As your needs change, so will the recommended programs in your dashboard.



Behavioral Health 360 programs

Explore the Behavioral Health 360 programs section to complete your Self-Guided Assessment or connect with a Behavioral Health Champion to explore the top programs that match your health needs.



You can also...

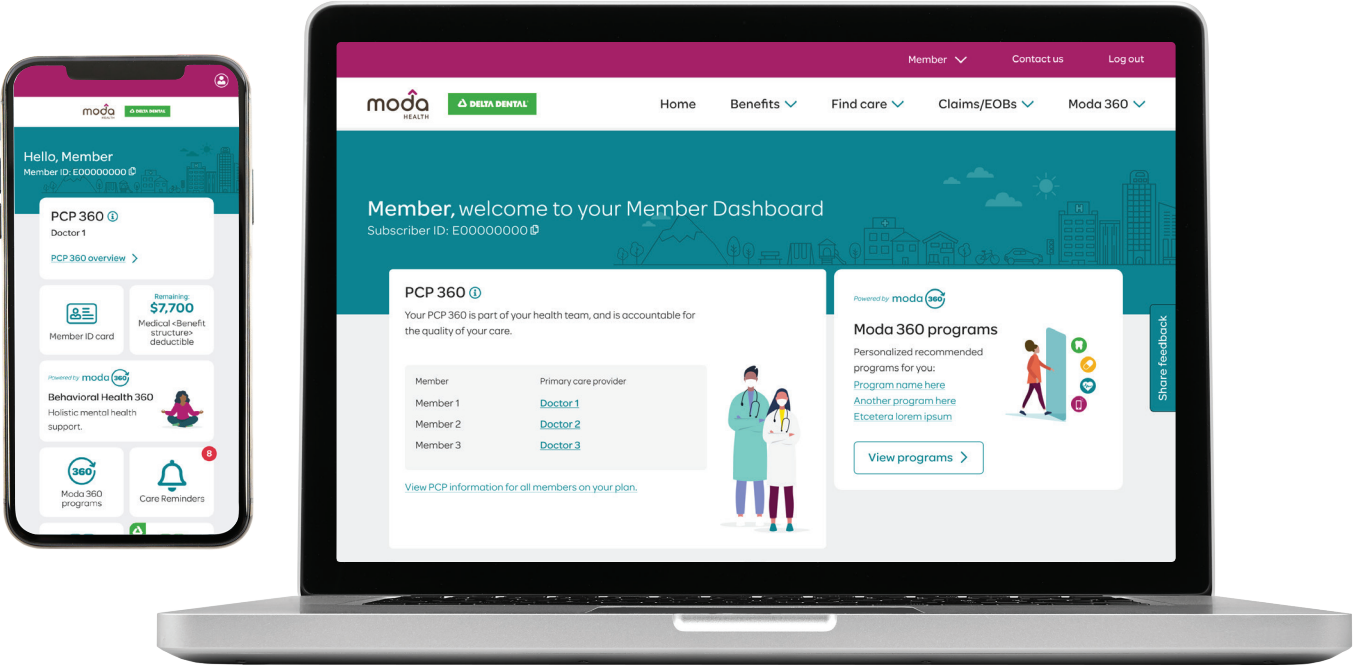
- Search Find Care
- Access your member ID card
- Select a PCP 360
- Estimate costs for specific medical care
- View claim summaries and remaining in-network deductible
- Estimate prescription costs
- And so much more



Log in to your Member Dashboard at [ModaHealth.com/MemberDashboard](https://ModaHealth.com/MemberDashboard)

Additional solutions for better health

Your Member Dashboard also includes other tools and resources to help you stay your healthy best.



CirrusMD

lets you text a doctor, 24/7, and get private access to care in under a minute with their nationwide telehealth option.



Sprout

is an all-in-one digital wellness community designed to help you build health habits. You can access your Health Risk Assessment, then improve your health through wellness goals, challenges and social streams.



Sword

is a virtual physical care program for back, joint and muscle pain that you can do from the comfort of home, or on the go.



Access additional tools and resources at [ModaHealth.com/MemberDashboard](https://ModaHealth.com/MemberDashboard)



# Quality coverage *for your smile*

## When you need dental insurance, we’ve got you covered

Our dental plans give you access to Delta Dental, one of the nation’s largest dental networks. That means you can choose from thousands of dentists across the state and the country (see the full network on page 17).

Plus, our **Health through Oral Wellness®** program offers additional benefits if you have a greater risk for oral diseases. Qualifying members have access to extra benefits and related care that include additional cleanings, fluoride treatments, sealants, periodontal maintenance and more.



Savings from in-network dentists



Cleanings twice per calendar year

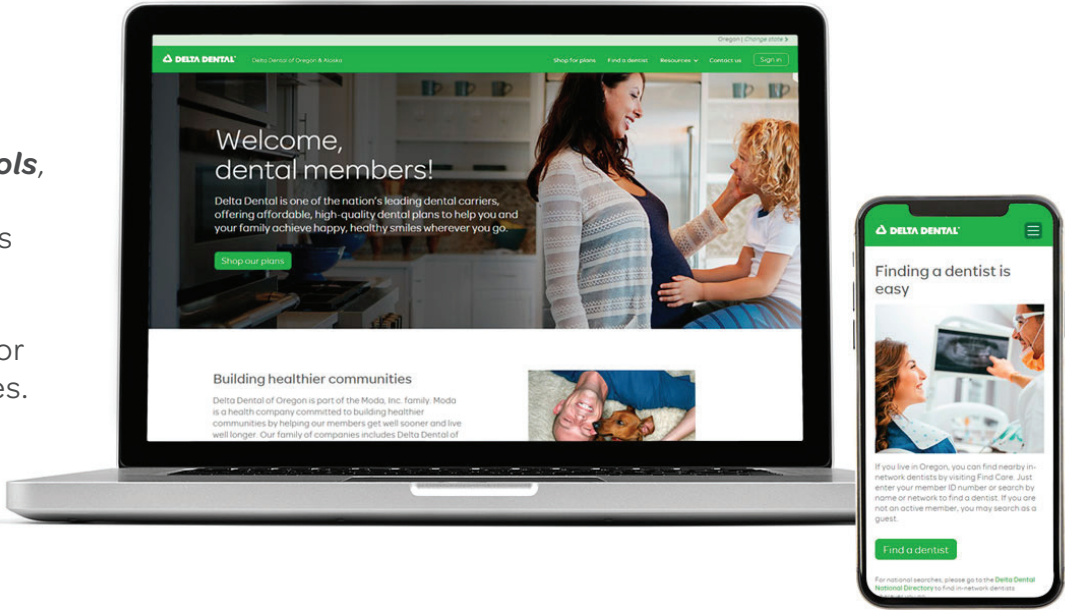


Superior customer service

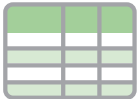


Freedom to choose a dentist

Our dental plans also include **useful online tools**, resources and special programs for those of you who may need extra attention for your pearly whites.



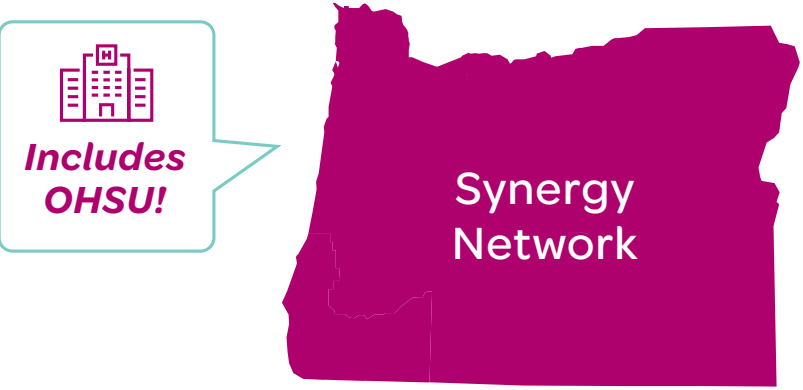
**Ready to choose?**  
Make your selection at [pebbbenefits.oha.oregon.gov](https://pebbbenefits.oha.oregon.gov)



**Review your dental plan options on page 23**

# A network that connects you to care

For your medical care needs, we've carefully selected a community of primary care providers (PCP 360s), specialists and partner health systems, so you'll have better value and better care.



**Getting care outside the network.** If you live outside the Synergy Network service area or want peace of mind when traveling, our national network, the Aetna PPO Network, has you covered. Out-of-area dependents (i.e., college students) who live outside of the service area will also use the Aetna PPO Network to receive the in-network benefit level, except for those living in Idaho or Alaska. If they live in Idaho, they will have access to both the Synergy Network and the First Health Network. Those living in Alaska will use the First Health Network.

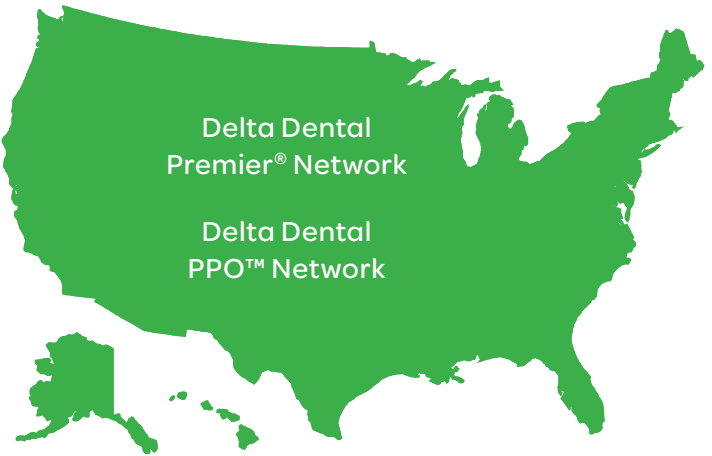
Here are some of our larger in-network hospital partners:



See if your doctor is in-network at [modahealth.com/findcare/synergy](https://modahealth.com/findcare/synergy)

# Delta Dental networks go where you go

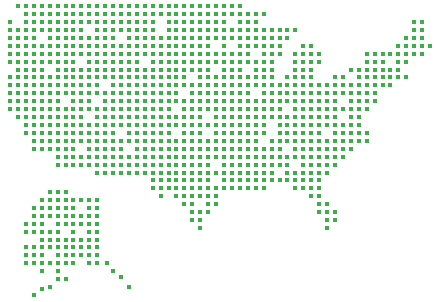
With thousands of dentists across the state and country, in-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



Delta Dental PPO™ Network

Potential savings in-network = \$\$\$

Choose from a large selection of dentists



See if your dentist is in-network at [modahealth.com/pebb](https://modahealth.com/pebb) click on Find Care > select your dental network

Delta Dental Premier® Network

Potential savings in-network = \$\$

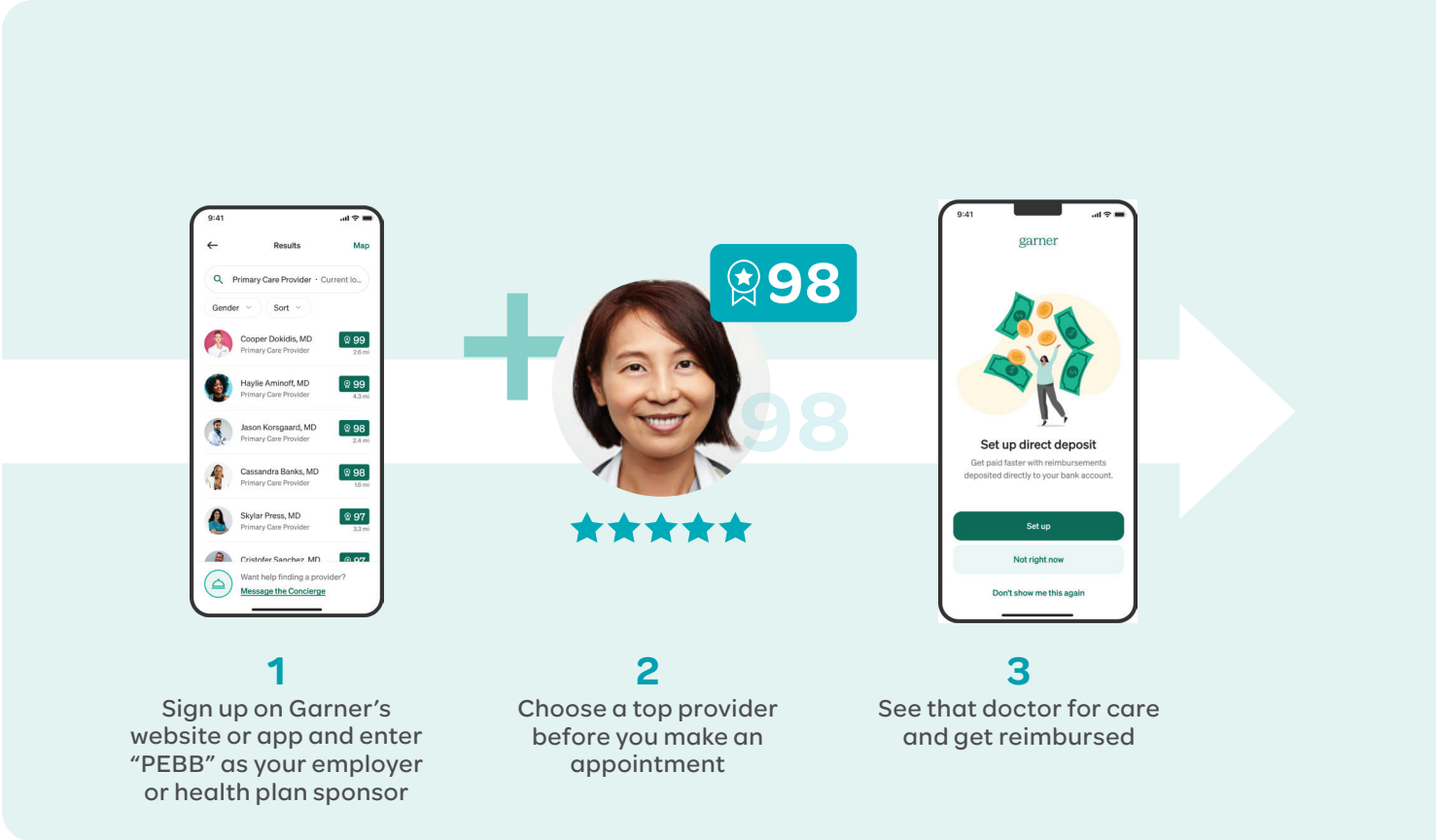
Get more choice with the largest dental network in Oregon




# Get money back when you see top-rated doctors

You have access to **Garner™**, which connects you with trusted, high-quality doctors and reimburses you for out-of-pocket medical costs.

When you see a Garner Top Provider, you can get reimbursed for out-of-pocket medical costs up to \$1,000 on an individual plan and up to \$2,000 for a family plan. Save on doctor visits, imaging, lab work, prescription and more!





**Get ready now**

Scan the QR code to sign up and choose a nearby Garner provider.

[app.getgarner.com](https://app.getgarner.com)

Moda is not affiliated with Garner, does not aid in data collection or provider scoring, is not responsible for any reimbursement from utilizing Garner to see top providers, etc.

2026 Full-time *Medical plan* benefit table

	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person <sup>1</sup>	\$250	\$500
Deductible per family <sup>1</sup>	\$750	\$1,500
Out-of-pocket max per person	\$1,500	\$4,000
Out-of-pocket max per family	\$4,500	\$12,000
Maximum cost share (per person), includes medical and pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical and pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women’s exams, immunizations and hearing screenings	0%	30% after deductible
Prostate screening exam and colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	30% after deductible
Professional services		
Primary care (PCP 360) <sup>2,3</sup> and specialist office visits	\$10/visit after deductible	30% after deductible
Chronic condition office visits	0%	30% after deductible
Inpatient physician services (including surgery and anesthesia)	0%	30% after deductible
Outpatient physician services (including surgery and anesthesia)	\$10/service after deductible	30% after deductible
Allergy shots, serums and injectable medications	\$10/service after deductible	30% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain and upper GI endoscopy	\$100 <sup>4</sup> after deductible	\$100, then 30% <sup>4</sup> after deductible
ACT 500: Knee arthroscopy, knee/hip replacement and resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery <sup>5</sup>	\$500 <sup>4</sup> after deductible	\$500, then 30% <sup>4</sup> after deductible
Mental health	\$10	30% after deductible
Chemical dependency treatment	0%	30% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits <sup>11</sup>	\$10 after deductible	30% <sup>6</sup> after deductible
Massage therapy <sup>11</sup>	\$10/visit <sup>4,9</sup> after deductible	30% <sup>10</sup>
Maternity care services		
Physician or midwife services	0%	40% after deductible
Hospital stay	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay <sup>8</sup>
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	\$50 per day, up to \$250 per admission after deductible	40% after deductible + \$500 copay <sup>8</sup>
Bariatric surgery	\$50 per day, up to \$250 per admission after deductible	Not covered
Emergency care		
Urgent care visit	\$25/visit after deductible	\$25/visit after deductible
Emergency room (copay waived if admitted)	\$150/visit <sup>4</sup> after deductible	\$150/visit <sup>4</sup> after deductible
Ambulance	\$75/trip after deductible	\$75/trip after deductible
Other covered services		
Outpatient diagnostic lab and X-ray	0%	30% after deductible
Imaging services <sup>7</sup> (such as PET, CT, MRI)	\$100 <sup>4</sup> after deductible	\$100, then 30% <sup>4</sup> after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	\$10/visit after deductible	30% after deductible
Outpatient surgery	\$10/service after deductible	40% after deductible + \$100 copay <sup>8</sup>
Dialysis, infusion, chemotherapy and radiation therapy	\$10/service after deductible	30% after deductible
Durable medical equipment and supplies	15% after deductible	30% after deductible
Diabetic supplies and insulin	0%	0%

1 Additional deductible: \$100/individual, \$300/ family applies for non-HEM participant.

2 Deductible waived on first four PCP visits in-plan, per calendar year.

3 To receive in-network benefits, members must see their chosen PCP 360.

4 Copayment does not apply to out-of-pocket maximums.

5 No benefit for out-of-network bariatric surgery.

6 Coinsurance does not apply to out-of-pocket maximums.

7 Copayments do not apply to services related to cancer diagnosis and treatment.

8 Copayment does not apply to the out-of-pocket max or deductible but does apply to the max cost share.

9 Copay applies when members see an in-network licensed massage therapist.

10 Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.

11 Spinal manipulations are limited to 20 visits per plan year. Acupuncture is limited to 12 visits per plan year. Massage Therapy is limited to \$1,000 per plan year.

For limitations and exclusions, visit [modahealth.com/pebb](https://modahealth.com/pebb) and refer to your Member Handbook.



2026 **Part-time** *Medical plan* benefit table

	Synergy plan	
	In-network you pay	Out-of-network you pay
Plan-year costs		
Deductible per person <sup>1</sup>	\$500	\$1,000
Deductible per family <sup>1</sup>	\$1,500	\$3,000
Out-of-pocket max per person	\$2,500	\$6,000
Out-of-pocket max per family	\$7,500	\$18,000
Maximum cost share (per person), includes medical and pharmacy	\$6,850	N/A
Maximum cost share (per family), includes medical and pharmacy	\$13,700	N/A
Preventive care		
Periodic health exams, well-baby care, routine women’s exams, immunizations and hearing screenings	0%	50% after deductible
Prostate screening exam and colorectal cancer screenings (sigmoidoscopy, colonoscopy)	0%	50% after deductible
Professional services		
Primary care (PCP 360) <sup>2,3</sup> and specialist office visits	\$40/visit after deductible	50% after deductible
Chronic condition office visits	0%	50% after deductible
Inpatient physician services (including surgery and anesthesia)	\$40/visit after deductible	50% after deductible
Allergy shots, serums and injectable medications	\$15/service after deductible	50% after deductible
ACT 100: Bunionectomy, hammertoe surgery, Morton's neuroma, spinal injections for pain and upper GI endoscopy	\$100 <sup>4</sup> after deductible	\$100, then 50% <sup>4</sup> after deductible
ACT 500: Knee arthroscopy, knee/hip replacement and resurfacing, shoulder arthroscopy, sinus surgery, spine procedures, bariatric surgery <sup>5</sup>	\$500 <sup>4</sup> after deductible	\$500, then 50% <sup>4</sup> after deductible
Mental health	\$40/visit	50% after deductible
Chemical dependency treatment	0%	50% after deductible
Virtual Care (CirrusMD telehealth)	0%	N/A
Alternative care services		
Acupuncture/chiropractic/naturopathic visits <sup>11</sup>	\$40/visit <sup>4</sup> after deductible	50% <sup>6</sup> after deductible
Massage therapy <sup>11</sup>	\$40/visit <sup>4,9</sup> after deductible	50% <sup>10</sup>
Maternity care services		
Physician or midwife services	0%	50% after deductible
Hospital stay	\$500 per admission after deductible	50% after deductible + \$500 copay <sup>8</sup>
Hospital services		
Inpatient care, observation care, rehabilitative care (30 days per calendar year; 60 days head or spinal cord injuries), skilled nursing facility (180 days per calendar year)	\$500 per admission after deductible	50% after deductible + \$500 copay <sup>8</sup>
Bariatric surgery	\$500 per admission after deductible	Not covered
Emergency care		
Urgent care visit	\$30/visit after deductible	\$30/visit after deductible
Emergency room (copay waived if admitted)	\$150/visit <sup>4</sup> after deductible	\$150/visit <sup>4</sup> after deductible
Ambulance	\$75/trip after deductible	\$75/trip after deductible
Other covered services		
Outpatient diagnostic lab and X-ray	Quest – \$0 Other providers – 20% after deductible	50% after deductible
Imaging services <sup>7</sup> (such as PET, CT, MRI)	\$100, then 20% <sup>4</sup> after deductible	\$100, then 50% <sup>4</sup> after deductible
Outpatient rehabilitative services (60 sessions per calendar year)	\$40/visit after deductible <sup>8</sup>	50% after deductible
Outpatient surgery	\$40/service after deductible <sup>8</sup>	50% after deductible + \$100 copay <sup>8</sup>
Dialysis, infusion, chemotherapy and radiation therapy	\$40/service after deductible <sup>8</sup>	50% after deductible
Durable medical equipment and supplies	20% after deductible	50% after deductible
Diabetic supplies and insulin	0%	0%

2026 **Full-time** *Pharmacy plan* benefit table

	Pharmacy plan		
	Retail	Mail order and preferred retail	Specialty <sup>1</sup>
Plan-year costs			
Deductible per person		\$50	
Deductible per family		\$150	
Out-of-pocket max per person		\$1,000	
Out-of-pocket max per family		\$3,000	
Prescription medications	For a 30-day supply <sup>2</sup> , you pay	For a 90-day supply <sup>2</sup> , you pay	For a 30-day supply <sup>2</sup> , you pay
Value tier	\$0	\$0	N/A
Generic tier	\$10 after deductible	\$25 after deductible	\$10 after deductible
Brand tier	\$30 after deductible	\$75 after deductible	\$100 after deductible

When allowed, the copay for a specialty pharmacy 90-day supply is 2.5 times the copay for a 30-day supply. When out of network, member pays any difference between the in-network rate and the billed amount.

Mandatory 90 day fill: You will be required to fill a 90-day supply for certain maintenance drugs through mail order or at a 90 day supply retail pharmacy.

2026 **Part-time** *Pharmacy plan* benefit table

	Pharmacy plan		
	Retail	Mail order and preferred retail	Specialty
Plan-year costs			
Deductible per person		\$50	
Deductible per family		\$150	
Out-of-pocket max per person		\$1,000	
Out-of-pocket max per family		\$3,000	
Prescription medications	For a 30-day supply <sup>1</sup> , you pay	For a 90-day supply <sup>1</sup> , you pay	For a 30-day supply <sup>1</sup> , you pay
Value tier	\$0	\$0	N/A
Generic tier	\$20 after deductible	\$50 after deductible	\$20 after deductible
Brand tier	\$50 after deductible	\$125 after deductible	\$100 after deductible

When out of network, member pays any difference between the in-network rate and the billed amount.

 Your pharmacy network name is the **ArrayRx core network**. **Go to Find Care** to search for in-network pharmacies near you. Under Search by network, choose the ArrayRx core network. Continue to the Navitus website to start your search.

1 Additional deductible: \$100/individual, \$300/family applies for non-HEM participant.  
2 Deductible waived on first four PCP visits in-plan, per calendar year.  
3 To receive in-network benefits, members must see their chosen PCP 360.  
4 Copayment does not apply to out-of-pocket maximums.  
5 No benefit for out-of-network bariatric surgery.  
6 Coinsurance does not apply to out-of-pocket maximums.  
7 Copayments do not apply to services related to cancer diagnosis and treatment.  
8 Copayment does not apply to the out-of-pocket maximums or deductible but does apply to the maximum cost share.  
9 Copay applies when members see an in-network licensed massage therapist.  
10 Members may be subject to balance billing; the difference between the maximum plan allowance and billed charges.  
11 Spinal manipulations are limited to 20 visits per plan year. Acupuncture is limited to 12 visits per plan year. Massage Therapy is limited to \$1,000 per plan year.

For limitations and exclusions, visit modahealth.com/pebb and refer to your Member Handbook.



Better value with Preventive First  
Regular cleanings don't count against your annual maximum benefit

2026 *Dental plan* benefit table

	Full-time Delta Dental PPO plan <sup>1</sup>		Full-time Delta Dental Premier plan <sup>1</sup>	Part-time Delta Dental Premier plan <sup>1</sup>
	In-network, you pay	Out-of-network, you pay	In-network, you pay	In-network, you pay
Plan-year costs				
Deductible per person	\$50		\$50	\$50
Deductible per family	\$150		\$150	N/A
Benefit maximum	\$1,750		\$1,750	\$1,250
Preventive* & diagnostic services				
Exam and prophylaxis/cleanings	0% no deductible	10%	0% no deductible	0%
X-rays	0% no deductible	10%	0% no deductible	0%
Fissure sealants	0% no deductible	10%	0% no deductible	0%
Basic services				
Restorative dentistry (treatment of tooth decay with composite)	1st year – 20% <sup>2</sup> 2nd year – 10% <sup>2</sup> 3rd year – 0% <sup>2</sup>	30%	20%	50%
Oral surgery (surgical extractions and certain minor surgical procedures)		30%	20%	50%
Endodontic (pulp therapy and root canal filling)		30%	20%	50%
Periodontics (treatment of tissues supporting the teeth)		30%	20%	50%
Major services				
Implants	50%	50%	50%	N/A
Crowns	50%	50%	50%	50%
Cast restorations	50%	50%	50%	50%
Dentures and bridge work (construction or repair of fixed bridges, partials and complete dentures)	50%	50%	50%	50%
Nitrous Oxide	50%	50%	50%	50%
Occlusal guards <sup>3</sup>	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Orthodontic services				
Lifetime maximum - \$1,800	50%	50%	50%	N/A

\*Preventive costs will not accrue toward the plan maximum.

- <sup>1</sup> To find in-network providers, go to [modahealth.com/pebb](https://modahealth.com/pebb) and choose Find Care.  
<sup>2</sup> Benefit payments increase by 10% each plan year provided the individual has visited a Delta Dental PPO provider at least once during the previous plan year.  
<sup>3</sup> \$150 maximum, once every five years

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Pharmacy Health Navigator Team: 844-776-1594

Dental Health Navigator Team (Members with Medical and Dental): 833-681-2117

Dental Customer Service (Members with Dental only): 844-827-7100

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

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 (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711) )번으로 전화하거나 서비스 제공업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (TTY: 711) или обратитесь к своему поставщику услуг.

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。1-877-605-3229 (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。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (TTY: 711) або зверніться до свого постачальника».

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

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（文本电话：1-877-605-3229 (TTY: 711) ）或咨询您的服务提供商。

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາຕື 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجه 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۔ - (TTY: 711) 1-877-605-3229 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ "

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങളിൽ മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആകസസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ദാതാവിനോട് സംസാരിക്കുക.

PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

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 877-605-3229 (TTY: 711) أو تحدث إلى مقدم الخدمة".

AKIYESI: Ti o ba so Yorùbá, awọn işe iranlọwọ ede ofe wa fun ọ. Awọn iranlọwọ iranlọwọ ti o ye ati awọn işe lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi sọrọ si olupese rẹ.

MAKINIKI: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.

## Questions?

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