



# Hello.

Welcome to Delta Dental of Alaska, the place you go when you want more than a dental plan – because good health is about so much more than just the plan details.

To be your healthy best, you need quality coverage, programs, online tools and, most important, partnerships that help you along the way.

We offer all of that and more – and we're excited to help you start on a journey to be better.

For our part, we'll provide networks of dentists, caring customer service and a dedicated team here to support you. For your part, simply come ready to find healthy moments every day.

Because together, we can be more. We can be better.



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## Quality coverage for your smile

Healthy teeth are happy teeth. With our individual and family Delta Dental of Alaska plans, you'll have access to Delta Dental, the nation's largest dental network. Your smile will thank you, wherever you roam.

### Dental benefit highlights

Our Delta Dental of Alaska plans connect you with great benefits and quality in-network dentists. You can count on:

- Freedom to choose a dentist
- No waiting periods for Class 1 services
- Contracted-fee savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

### Plan options

We offer a variety of plans so you can find the right fit for you:

#### Delta Dental Premier plan

Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

#### Delta Dental PPO plans

For members residing in Anchorage and Mat-Su Valley, these plans save on out-of-pocket costs by connecting them with providers in the Delta Dental PPO Network. Members receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, members can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

#### Delta Dental Premier Healthy Smiles plan

This Premier plan is available to all individual members. It allows anyone to meet federal requirements for pediatric dental coverage. Benefits only cover members under age 19. Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

#### Delta Dental Premier Preventive Alaska Mandated plan

This plan connects members with the Delta Dental Premier Network. It is a preventive focused plan with limited benefits provided for basic and major services. Providers accept the Delta Dental contracted fee, so there will be no balance billing.

## Delta Dental networks go where you go

Each Delta Dental of Alaska plan comes with a Delta Dental network that includes thousands of dentists across the state, and the country.

In-network dentists agree to accept our contracted fees as full payment. They also don't balance-bill – the difference between the allowed amount and the dentist's fee. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

### Is my dentist in the network?

To find out, visit [modahealth.com](http://modahealth.com) and use Find Care. Choose a dental network and look for participating dentists in your area.

### 2017 dental networks

#### Delta Dental Premier Network

Wherever members go, their Delta Dental of Alaska benefits go with them. This is the largest dental network in Alaska and nationally. It includes three out of every five providers in Alaska and over 151,000 Delta Dental Premier dentists nationwide, serving 50 states, the District of Columbia and Puerto Rico.

#### Delta Dental PPO Network

The preferred provider option (PPO) dental network in Anchorage and the Mat-Su Valley includes over 125 participating providers and offers access to over 99,000 Delta Dental PPO dentists nationwide.

## Choose and enroll in your 2017 plan

Whatever your needs, we're confident you'll find the dental plan that fits just right.

### Enroll anytime

You can enroll in our dental coverage year-round. For 2017 plans, visit [ShopModaPlans.com](http://ShopModaPlans.com) to pick the dental plan you like.

To enroll through the Marketplace, [HealthCare.gov](http://HealthCare.gov), you must also enroll in a medical plan at the same time and/or qualify for federal financial assistance.

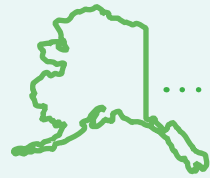
### After you enroll

Once you're enrolled, you'll receive a welcome letter that confirms your plan and includes your subscriber ID number. Your ID card will arrive in a separate mailing. Use your ID number to log in to myModa at [modahealth.com](http://modahealth.com). Then find in-network providers, access health resources and review your Member Handbook to get familiar with your plan. When your first invoice is ready, you can also manage billing and payment options through myModa.

### Questions?

Our friendly and knowledgeable team members are here to help. Call us toll-free at 855-718-1767, Monday through Friday, 6:30 a.m. to 4:30 p.m. Alaska Time. TTY users, please call 711.

Follow these simple steps to enroll



**Confirm your eligibility**

You must be an Alaska resident and live in Alaska at least six months out of the calendar year to be eligible to enroll.

Eligible members include you, your legal spouse or domestic partner and any children up to age 26.

**Find the plan you like**

Browse and compare our 2017 dental plans in this brochure or at ShopModaPlans.com. The website also explains how health plans, healthcare reform and federal financial assistance work – so take a look!

When deciding on a plan, be sure to pick one with the provider network you prefer.

**Enroll at ShopModaPlans.com**

Visit ShopModaPlans.com to enroll in 2017 Delta Dental of Alaska dental plans. If you qualify for federal financial assistance, we'll show you how to apply through the Marketplace, HealthCare.gov. If you are also enrolling for medical coverage, you need to apply for dental at the same time.



# 2017 Dental plan benefit table

	Delta Dental Premier		Delta Dental PPO 1000				Delta Dental PPO 1500				Delta Dental Premier Healthy Smiles	
	Under age 19	Ages 19+	Under age 19		Ages 19+		Under age 19		Ages 19+		Under age 19	Ages 19+
			In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay		
<b>Calendar year costs</b>												
Deductible per person	\$0		\$0				\$0				\$0	
Out-of-pocket maximum per person (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members (in-network only)				\$350 for one member; \$700 for two or more members (in-network only)				\$350 for one member; \$700 for two or more members	
Annual benefit maximum (age 19+)	\$1,000		\$1,000				\$1,500				N/A	
<b>Class 1</b>												
Exams & X-rays	20%	20%	0%	50%	0%	50%	0%	50%	0%	50%	20%	Not covered
Cleanings	20%	20%	0%	50%	0%	50%	0%	50%	0%	50%	20%	Not covered
Periodontal maintenance	20%	20%	0%	50%	0%	50%	0%	50%	0%	50%	20%	Not covered
Sealants	20%	20%	0%	50%	0%	50%	0%	50%	0%	50%	20%	Not covered
Topical fluoride	20%	20% <sup>1</sup>	0%	50%	0% <sup>1</sup>	50% <sup>1</sup>	0%	50%	0% <sup>1</sup>	50% <sup>1</sup>	20%	Not covered
<b>Class 2</b>												
Space maintainers	35%	Not covered	20%	50%	Not covered	Not covered	20%	50%	Not covered	Not covered	35%	Not covered
Restorative fillings <sup>2</sup>	35%	35%	20%	50%	20%	50%	20%	50%	20%	50%	35%	Not covered
<b>Class 3</b>												
Oral surgery <sup>3</sup>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered
Endodontics <sup>3</sup>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered
Periodontics <sup>3</sup>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered
Restorative crowns <sup>3</sup>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered
Bridges <sup>3</sup>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered
Partial & complete dentures <sup>3</sup>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered
Anesthesia <sup>3</sup>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	Not covered
Orthodontia	50%	Not covered	50%	50%	Not covered	Not covered	50%	50%	Not covered	Not covered	50%	Not covered
<b>Features</b>												
Location	All areas		Anchorage and the Mat-Su Valley				Anchorage and the Mat-Su Valley				All areas	
Plan enrollment options	Direct through ShopModaPlans.com or through HealthCare.gov		Direct through ShopModaPlans.com or through HealthCare.gov				Direct through ShopModaPlans.com or through HealthCare.gov				Direct through ShopModaPlans.com only	
Provider network	Delta Dental Premier Network		Delta Dental PPO Network				Delta Dental PPO Network				Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO Network: No		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO Network: No		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes	

<sup>1</sup> Covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Six-month exclusion period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.

<sup>3</sup> 12-month exclusion period applies to age 19 and over.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

## 2017 Dental plan benefit table

	Delta Dental Premier Preventive Alaska Mandated Plan	
	Under age 19	Ages 19+
<b>Calendar year costs</b>		
Deductible per person	\$25 per person/ \$75 per family	
Out-of-pocket maximum per person (under age 19)	N/A	
Annual benefit maximum (age 19+)	\$500 (applies to all ages)	
<b>Class 1</b>		
Exams & X-rays	0% after deductible	0% after deductible
Cleanings	0% after deductible	0% after deductible
Periodontal maintenance	0% after deductible	0% after deductible
Sealants	0% after deductible	0% after deductible
Topical fluoride	0% after deductible	0% after deductible <sup>1</sup>
Space maintainers	0% after deductible <sup>2</sup>	Not covered
<b>Class 2</b>		
Restorative fillings <sup>3</sup>	90% after deductible	90% after deductible
Oral surgery <sup>4</sup>	90% after deductible	90% after deductible
Endodontics <sup>4</sup>	90% after deductible	90% after deductible
Periodontics <sup>4</sup>	90% after deductible	90% after deductible
Anesthesia <sup>4</sup>	90% after deductible	90% after deductible
<b>Class 3</b>		
Restorative crowns <sup>4</sup>	90% after deductible	90% after deductible
Partial & complete dentures <sup>4</sup>	90% after deductible	90% after deductible
Bridges <sup>4</sup>	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
<b>Features</b>		
Location	All areas	
Plan enrollment options	Direct through ShopModaPlans.com only	
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

<sup>1</sup> Covered once in a 6-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Space maintainers are only covered for members under age 14.

<sup>3</sup> Six-month exclusion period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.

<sup>4</sup> 12-month exclusion period applies to age 19 and over.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.



## Calculate what you pay each month

Our plans offer competitive premiums – the amount you pay each month for coverage. If you want great benefits and value, you’re in good hands.

### What affects your premium?

The plan, your age and the ages of your dependents affect your premium amount. Just follow the steps on the worksheet to the right to calculate it.

### How your premium could change

2017 premiums are effective Jan. 1, 2017, through Dec. 31, 2017. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member.

Having a birthday during a plan year won’t affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

### Yearly premium updates

We adjust premiums for individual and family plans each year. You’ll receive a renewal notice prior to the new plan effective date explaining any updates.

### Dental plan premiums

Age	Under age 19	Ages 19+
Delta Dental Premier	\$44	\$39
Delta Dental PPO 1000	\$39	\$36
Delta Dental PPO 1500	\$39	\$42
Delta Dental Premier Healthy Smiles	\$44	N/A
Delta Dental Premier Preventive Alaska Mandated Plan	\$30	\$30

## How to add up your total monthly premium

- 1 Pick a dental plan

- 2 Locate your dental plan premium in the table on page 12

- 3 Jot down the premiums for each person age 21+




- 4 Jot down the premiums for each person (up to three) under age 21\*




+

- 5 Add all amounts together to get your family’s total monthly premium

If you qualify for federal financial assistance, it may cover some of your premium. To find out what you’d pay with this assistance, visit the Marketplace at [HealthCare.gov](http://HealthCare.gov).

\*All children under age 21 have the same premium based on the plan. However, no more than three children under age 21 need to be calculated in your total premium. Child dependents ages 21 through 25 have a premium based on their actual age.

## Answers to your questions

### What payment methods do you accept?

We accept checks, cash, money orders and electronic funds transfer (EFT) from a savings or checking account. Just select the billing and payment option that is best for you:

- **eBill, our electronic billing service.** Beginning with your plan effective date, you can review your premium invoice and make payments online through myModa, your personalized member website. Your premium invoices will be paperless, and you can set up recurring payments or initiate payment each month. Once you receive your member ID card, visit [modahealth.com](http://modahealth.com) and follow the instructions to create a myModa account.
- **Electronic funds transfer (EFT).** There are three ways to sign up for EFT. You may complete the online application form, the paper application, or contact us and we can help you complete the authorization form. EFT initiates around the fifth of the month and typically takes one or two days to post to your account. Your initial payment may initiate on a later date if the enrollment is processed after the fifth of the month. Your premium invoice will be paperless, located in the eBill section of myModa.
- **Paper bill.** We'll send you a paper bill in the mail every month. You can mail back your payment in the enclosed envelope or initiate payment through eBill after logging in to your myModa account.

### How will I make my first premium payment?

If you enrolled directly through us, use the payment method you chose during enrollment to pay your premium.

If you enrolled through the Marketplace, [HealthCare.gov](http://HealthCare.gov), make your payment using one of the methods listed in your welcome letter. Once your first invoice is ready, you can log in to myModa to manage your payment method and set up recurring payments with eBill.

Future invoices will arrive around the tenth of each month and payments are due by the first of the following month.

### Can my employer sponsor my individual coverage?

Individual plans cannot be employer-sponsored plans. In general, you will be responsible for paying your monthly premium directly to Moda Health except when allowed by Alaska requirements.

### Does it matter which dentist I see?

Yes. You'll save money by seeing an in-network provider for your plan:

- **Delta Dental Premier plan, Delta Dental Premier Preventive Alaska Mandated plan or Delta Dental Healthy Smiles plan** – You can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.
- **Delta Dental PPO plans** – For members residing in Anchorage and the Mat-Su Valley, if you select this plan and visit providers in the Delta Dental PPO Network in Anchorage and Mat-Su Valley, you will receive the best benefits. These are the in-network providers for this plan. If you go out-of-network, you can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

### Can I switch to a different plan at any time?

No. You will only be able to change plans during open enrollment. If you experience a qualifying event, such as getting married or moving to a new state, you can apply for special enrollment outside of the open enrollment period.

### Which dental plans can I purchase through the federal Marketplace?

You can enroll in some Delta Dental of Alaska plans directly through us or the Marketplace, [HealthCare.gov](http://HealthCare.gov). To enroll through [HealthCare.gov](http://HealthCare.gov), you must enroll in a medical plan at the same time and/or qualify for federal financial assistance.

Check the plan benefit tables in this brochure for the "plan enrollment options."

## Healthcare lingo explained

We realize that health plans can be confusing, so we've made you a cheat sheet of sorts.

To find even more definitions, visit the Learning Center at [ShopModaPlans.com](http://ShopModaPlans.com).

### Balance billing

Charges for out-of-network care beyond what the dental plan allows. Out-of-network dentists may bill members the difference between the maximum plan allowance and their billed charges. In-network dentists don't do this.

### Coinsurance

The percentage members pay for a covered dental service after they meet their deductible. For example, they may pay 20 percent of an allowed \$200 charge, or \$40.

### Deductible

The amount members pay in a calendar year for care that requires a deductible before the dental plan starts paying. Disallowed charges do not apply toward the deductible.

### Dental annual maximum

The maximum dollar amount a dental plan will pay toward the cost of dental care for members ages 19 and over within a calendar year.

### Marketplace

Also called an Exchange, a health plan Marketplace is where people can buy health coverage and apply for federal financial assistance. Alaska residents use the federal Marketplace, [HealthCare.gov](http://HealthCare.gov).

### Maximum plan allowance (MPA)

MPA is the maximum amount that we will reimburse non-contracted providers. A non-contracted provider may bill a member for any amount over and above the MPA. This may leave members with a high out-of-pocket balance.

### Out-of-pocket costs

What members pay in a calendar year for care after their dental plan pays its portion. These expenses may include deductibles, coinsurance for covered expenses and cost of care after the dental annual maximum has been exhausted.

### Out-of-pocket maximum (dental)

In dental plans, the most members pay in a calendar year for covered pediatric dental care services before benefits are paid in full up to the allowable amount or up to any visit limit. Once members meet the out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductible and coinsurance. It does not include disallowed charges or balance billing from out-of-network dentists.

### PPO dentist

A dentist contracted in the PPO network. By enrolling in a PPO plan and choosing a PPO dentist, members' out-of-pocket expenses will be less than if they choose a dentist outside of the PPO network.

### Premier dentist

A dentist contracted with Moda who has agreed that their charges will not exceed the plan allowance. This means members will have lower out-of-pocket costs when they choose a premier dentist. A premier dentist has also agreed to submit any necessary claims directly to us.



## Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2017 Delta Dental of Alaska individual and family dental plans. Some limitations and exclusions for the Delta Dental Premier Preventive Alaska Mandated plan will differ. For a full list of limitations and exclusions per plan, or for copies of plan summaries, please call us at 855-718-1767.

### Limitations

- Delta Dental Premier Healthy Smiles with benefits for age under 19
- Delta Dental Premier Preventive Alaska Mandated plan includes preventive services, as well as limited benefits for basic and major services. Call us for details.

#### Class 1

- Exam once in a 6-month period
- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19 and over
- Full-mouth or panoramic X-rays once in a 5-year period
- Prophylaxis or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year.
- Fluoride covered once in a 6-month period (under age 19)
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period under age 19 and once in a 5-year period age 19 and over

#### Class 2 and Class 3

- Bridges and dentures once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- Crowns and other cast restorations once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- IV sedation or general anesthesia only when in conjunction with a covered surgical procedure performed in a dental office or when necessary due to concurrent medical conditions
- Scaling and root planing once per quadrant in a 2-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

- Occlusal guard (nightguard) covered once per year between ages 13 and 19, and once every five years at 50%, up to a \$150 maximum for members age 19 and over. Over-the-counter athletic mouth guards are excluded.
- Medically necessary orthodontia covered only for dependent children under age 19
- Athletic mouth guards are covered once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

### Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with surgical procedures
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for age 19 and over
- Cosmetic services
- Duplication and interpretation of X-rays (exception for under age 19, only the interpretation of a diagnostic image by a professional not associated with the capture of the image is covered.)
- Experimental or investigational procedures
- Hospital costs or other fees for facility or home care
- Implants (except when dentally necessary for members under age 19)
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary

## Moda Health nondiscrimination notice

Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

Moda provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, Moda also provides free, timely interpretation services and/or materials written in other languages.

**If you need any of the services listed above, contact:**

**Medicare Customer Service,**  
877-299-9062 (TDD/TTY 711)

**Medicaid Customer Service,**  
888-788-9821 (TDD/TTY 711)

**Customer Service for all other plans,**  
888-217-2363 (TDD/TTY 711)

If you believe that Moda 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 written grievance by mailing or faxing it to:

Moda, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

If you need assistance filing a grievance, please call the applicable Customer Service department listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone to:

U.S. Department of Health  
and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

Office for Civil Rights complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

Moda's efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم 1-877-605-3229 (الهاتف النصي: 711)

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

