

2020 | Alaska dental plans

Individual & family



Welcome to Delta Dental of Alaska

This is the place you come when you want more than a dental plan — because good health is about so much more than just the plan details.

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Quality coverage for your smile

Healthy teeth are happy teeth. With our Delta Dental of Alaska plans, you'll have access to quality in-network dentists.

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
- 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.

Dental tools

To get started, log in to your Member Dashboard at modahealth.com and look for Dental tools. Then try out tools like risk assessment quizzes and a treatment cost calculator. Use these dental tools to:

- Ask a dentist questions
- Learn about preventing dental diseases
- Look up new and effective treatments
- Find out how to lower your costs

Choosing the plan that's right for you

We offer a variety of plans. Choose the one that is right 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 additional balance billing charge.

Delta Dental PPOSM plans

The PPO plan is only available to members residing in the Anchorage, Fairbanks North Star Borough, or Mat-Su Valley areas for at least six months out of the year. If you reside outside of these areas you are not eligible to enroll in a PPO plan. These plans connect you with providers in the Delta Dental PPO Network to help save on out-of-pocket costs. 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 additional balance billing charge.

Delta Dental Premier Healthy Smiles Plan

The Delta Dental Premier Healthy Smiles Plan is available to all individual members residing in Alaska. 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 additional balance billing charge.

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 for basic and major services. Providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

Delta Dental networks go where you go

Each Delta Dental of Alaska plan comes with a Delta Dental network. The Delta Dental network includes hundreds of dentists across the state and thousands throughout the country. In-network dentists agree to accept our contracted fees as full payment. This means they don't balance bill — the difference between the allowed amount and the dentist's billed charge. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

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 one of the largest dental networks across the nation. It includes over 75% of providers in Alaska and over 157,000 Delta Dental Premier dentists nationwide, serving 50 states, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands and the Virgin Islands.

Delta Dental PPOSM Network

The preferred provider option (PPO) dental network in Anchorage, Mat-Su Valley and Fairbanks North Star includes over 225 participating providers and offers access to over 114,000 Delta Dental PPO dentists nationwide.

Is a dentist in-network?

To find out, visit modahealth.com and use Find Care.



Is my dentist in the network?

To find out, visit modahealth.com/PPOdentists. Choose a dental network and look for participating dentists in your area.

How to enroll



Confirm your eligibility

You must currently reside in the service area, and continue to reside in the service area for at least six months out of the 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 2020 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 and benefit options you prefer.

Enroll at ShopModaPlans.com

Starting Nov. 1, 2019, visit ShopModaPlans.com to enroll in 2020 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.

If you make changes to your medical plan through HealthCare.gov, you must reselect your dental plan or you will lose your dental coverage.

Unless you qualify for special enrollment, be sure to enroll before open enrollment ends, Dec. 15, 2019.



2020 Dental plan benefit table

	Delta Dental Premier*		Delta Dental PPO SM 1000				Delta Dental PPO SM 1500				Delta Dental Premier Healthy Smiles	
	Ages 0 - 18, members pay	Ages 19+, members pay	Ages 0 - 18		Ages 19+		Ages 0 - 18		Ages 19+		Ages 0 - 18, members pay	Ages 19+, members pay
			In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay		
Calendar year costs												
Deductible per person	\$0		\$0				\$0				\$0	
Out-of-pocket maximum per person (ages 0 - 18)	\$350 for one member / \$700 for two or more members		\$350 for one member / \$700 for two or more member				\$350 for one member / \$700 for two or more members				\$350 for one member / \$700 for two or more members	
Annual maximum plan payment limit (ages 19+)	\$1,000		\$1,000				\$1,500				N/A	
Class 1												
Exams and X-rays	30%	20%	10%	50%	0%	50%	10%	50%	0%	50%	30%	Not covered
Cleanings	30%	20%	10%	50%	0%	50%	10%	50%	0%	50%	30%	Not covered
Periodontal maintenance	30%	20%	10%	50%	0%	50%	10%	50%	0%	50%	30%	Not covered
Sealants	30%	20%	10%	50%	0%	50%	10%	50%	0%	50%	30%	Not covered
Topical fluoride	30%	20% ¹	10%	50%	0% ¹	50% ¹	10%	50%	0% ¹	50% ¹	30%	Not covered
Class 2												
Space maintainers	70%	Not covered	50%	70%	Not covered	Not covered	50%	70%	Not covered	Not covered	70%	Not covered
Restorative fillings ²	70%	35%	50%	70%	20%	50%	50%	70%	20%	50%	70%	Not covered
Class 3												
Oral surgery ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Endodontics ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Periodontics ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Restorative crowns ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Bridges ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Partial and complete dentures ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Anesthesia ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Orthodontia ⁴	70%	Not covered	70%	70%	Not covered	Not covered	70%	70%	Not covered	Not covered	70%	Not covered
Features												
Provider network	Delta Dental Premier Network		Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	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 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	

¹ For ages 19 and above, covered once in a 12-month period if there is a recent history of periodontal surgery or high risk of decay because of medial disease or chemotherapy or similar type of treatment.

² 6-month exclusion period applies for ages 19 and over. The exclusion period may be waived with documentation of 12 continuous months of prior dental coverage, with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2020 Delta Dental Policy.

³ 12-month exclusion period applies for ages 19 and over. The exclusion period may be waived with documentation of 12 continuous months of prior dental coverage, with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2020 Delta Dental Policy.

⁴ Only medically necessary orthodontia is covered.

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 dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2020 Dental plan benefit table

	Delta Dental Premier Preventive Alaska Mandated Plan	
	Ages 0 - 18, members pay	Ages 19+, members pay
Calendar year costs		
Deductible per person	\$25	
Deductible per family	\$75	
Out-of-pocket maximum per person	N/A	
Annual maximum plan payment limit	\$500	
Class 1		
Exams and 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 ¹
Space maintainers (Not covered for members age 14 and over)	0% after deductible	Not covered
Class 2		
Oral surgery ²	90% after deductible	90% after deductible
Endodontics ²	90% after deductible	90% after deductible
Periodontics ²	90% after deductible	90% after deductible
Anesthesia ²	90% after deductible	90% after deductible
Restorative fillings ²	90% after deductible	90% after deductible
Class 3		
Restorative crowns ³	90% after deductible	90% after deductible
Bridges ³	90% after deductible	90% after deductible
Partial and complete dentures ³	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

¹ For ages 19 and above, covered once in a 12-month period if there is a recent history of periodontal surgery or high risk of decay because of medial disease or chemotherapy or similar type of treatment.

² 6-month exclusion period applies for ages 19 and over. The exclusion period may be waived with documentation of 12 continuous months of prior dental coverage, with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2020 Delta Dental Policy.

³ 12-month exclusion period applies for ages 19 and over. The exclusion period may be waived with documentation of 12 continuous months of prior dental coverage, with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2020 Delta Dental Policy.

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 dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Plan premiums

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 may affect your premium amount. If you have more than three dependents under age 21 on the plan, you will only be charged a premium for the first three. Child dependents ages 21 through 25 have a premium based on their actual age.

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.

How your premium could change

2020 premiums are effective Jan. 1, 2020, through Dec. 31, 2020. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most

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 changes to your plan and premium.

Age	2020 Delta Dental Premier [®]	2020 Delta Dental PPO SM 1000	2020 Delta Dental PPO SM 1500	2020 Delta Dental Premier [®] Healthy Smiles Plan	2020 Delta Dental Premier [®] Preventive Alaska Mandated Plan
0-18	\$61	\$55	\$55	\$61	\$30
19-24	\$31	\$30	\$35	\$0 (no benefits)	\$30
25-29	\$31	\$30	\$35	\$0 (no benefits)	\$30
30-34	\$33	\$32	\$38	\$0 (no benefits)	\$30
35-39	\$36	\$35	\$42	\$0 (no benefits)	\$30
40-44	\$38	\$36	\$43	\$0 (no benefits)	\$30
45-49	\$39	\$37	\$44	\$0 (no benefits)	\$30
50-54	\$42	\$41	\$48	\$0 (no benefits)	\$30
55-59	\$47	\$45	\$53	\$0 (no benefits)	\$30
60-63	\$51	\$49	\$58	\$0 (no benefits)	\$30
64+	\$53	\$51	\$61	\$0 (no benefits)	\$30

Answers to your questions

What payment methods do you accept?

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

- **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 make a payment through electronic funds transfer or eBill.
- **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 takes place around the fifth of the month and typically takes one or two days to post to your account. Your initial payment may occur 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 your Member Dashboard.
- **eBill,** our electronic billing service. You can review your premium invoice and make payments online through the Member Dashboard, your personalized member website. You will be sent a paper bill and can go online to select paperless billing. You can set up recurring payments or initiate a payment each month. Visit modahealth.com to log in to your Member Dashboard account. If you don't have an account, you can create one.

How will I make my first premium payment?

You'll receive your first premium invoice prior to your effective date, either by mail or by email. 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, make your payment using one of the methods listed in your welcome letter. Once your first invoice is ready, you can log in to your Member Dashboard 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 pay for my individual coverage?

Individual plans cannot be employer-sponsored plans but small employers may offer a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) or Individual Coverage Health Reimbursement Plan (ICHRA) and pay for individual plan premiums. Check with your employer if this option is available and how reimbursement is made. Otherwise, you will be responsible for paying your monthly premiums directly to Delta Dental of Alaska.

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 additional balance billing charge.
- Delta Dental PPO plans - For members residing in Anchorage, Fairbanks North Star Borough, and the Mat-Su Valley, you will save money if you select this plan and visit providers in the Delta Dental PPO Network in these areas. 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 additional balance billing charge.

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 may be able to apply for special enrollment outside of the open enrollment period.

Which plans can I purchase through the federal Marketplace?

You can enroll in some Delta Dental of Alaska plans directly through ShopModaPlans.com and HealthCare.gov. To enroll in a Delta Dental plan through HealthCare.gov, you must enroll in a medical plan at the same time. If you make changes to your medical plan, you must reselect your dental plan or you will lose dental coverage.

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.

Balance billing

Charges for out-of-network care beyond what your dental plan allows. Out-of-network providers may bill members the difference between the reimbursement amount and their billed charges. In-network providers don't do this for covered services.

Coinsurance

The percentage members pay for a covered dental service after they meet their deductible, if any. For example, they may pay 30 percent of an allowed \$200 charge, or \$60.

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.

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

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. 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.

Pediatric dental

A dental plan benefit that covers dental care for members under age 19.

PPO dentist

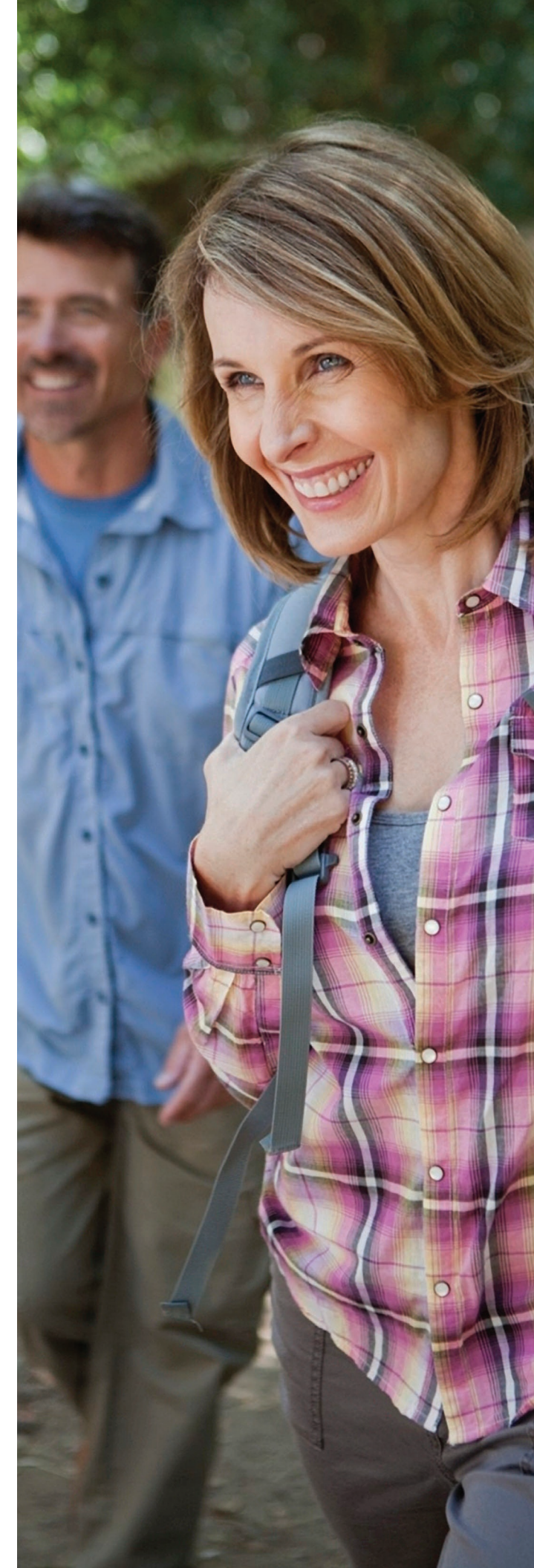
A dentist contracted in the PPO network. By enrolling in a PPO plan and choosing a PPO dentist, members' out-of-pocket expenses will be less than if they choose a dentist outside of the PPO network. A PPO dentist has also agreed to submit any necessary claims directly to us.

Premier dentist

A dentist contracted with Delta Dental who has agreed that their charges will not exceed their contracted rate with Delta Dental. 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.

Reimbursement amount

Reimbursement amount is the amount reimbursable under the plan. A non-contracted provider may bill a member for any amount over and above the reimbursement amount. This may leave members with a high out-of-pocket balance.



Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2020 Delta Dental of Alaska individual and family dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries, please call us toll-free at 888-374-8910.

Limitations

- Delta Dental Premier Healthy Smiles plan benefits are only available for members under age 19
- Delta Dental Premier Preventive Alaska Mandated Plan includes preventive services, as well as limited benefits for basic and major services

Class 1

- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19 and over
- Exam once in a six-month period
- Fluoride is covered once in a 6-month period under age 19
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year. For ages 19 and over, many restorations are not covered within 3 months of an interim caries arresting medicament application
- 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
- 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

- Athletic mouth guards are covered once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over
- 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
- Medically necessary orthodontia covered only for dependent children under age 19
- Occlusal guard (nightguard) covered once per year at 100 percent between ages 13 and 19 and once every 5 years at 100 percent, up to a \$150 maximum, for members age 19 and over.
- Periodontal surgical procedures by the same dentist to the same site are covered once in a 3-year period age 19 and over
- Scaling and root planing once per quadrant in a 2-year period

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 diagnostic images or records (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)
- Over-the-counter athletic mouth guards and occlusal guards
- Precision attachments
- Rebuilding or maintaining chewing surfaces (malalignment or malocclusion) or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Teledentistry, translation or sign language services are not covered as a separate benefit
- Treatment before coverage begins or after coverage terminates
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ)

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

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

If you need help filing a complaint, please call Customer Service.

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, or by mail or phone:

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)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
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).

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)

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）

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)

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

(URDU) توجہ دیں: اگر آپ اردو بولتے ہیں تو لسانی اعانت آپ کے لیے 1-877-605-3229 (TTY: 711) پر کال کریں۔

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

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 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.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 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。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂບດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

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)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ឬភាសាដទៃទៀត យើងផ្តល់ជូនសេវាបកប្រែឥតគិតថ្លៃ គឺមានជួនជុលលោកអ្នក ។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

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

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

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le tologia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulung iti lengguahe para kenka nga awan bayadna. Umawag iti 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)



Questions? *We're here to help.*

Call one of our offices listed below.
TTY users, please call 711.

Anchorage office

510 L Street, Suite 270
Anchorage, AK 99501
907-278-2628 or toll-free at 888-374-8910,
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

Portland office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156
503-243-3948 or toll-free at 800-578-1402
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