

2022 - 2023



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



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 and **Meru Health**, which provides one-on-one health coaching for depression and lifestyle changes.



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.



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 OEGB members with certain chronic conditions.



Choose a better experience.

Enroll in medical and/or dental today at myoebb.org

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 7.



Are my medications covered?

Look them up on the medication search page at modahealth.com/oebbrx.



How does the plan work?

See comparison chart on page 14

When you sign up for a PCP 360 you pay less for your appointments and get coordinated care

You must choose a PCP 360 in your Member Dashboard and use the selected PCP 360 to receive the better benefits



A **lower** individual deductible



A **lower** individual out-of-pocket maximum



Lower copayments for office visits, specialist visits and alternative care visits



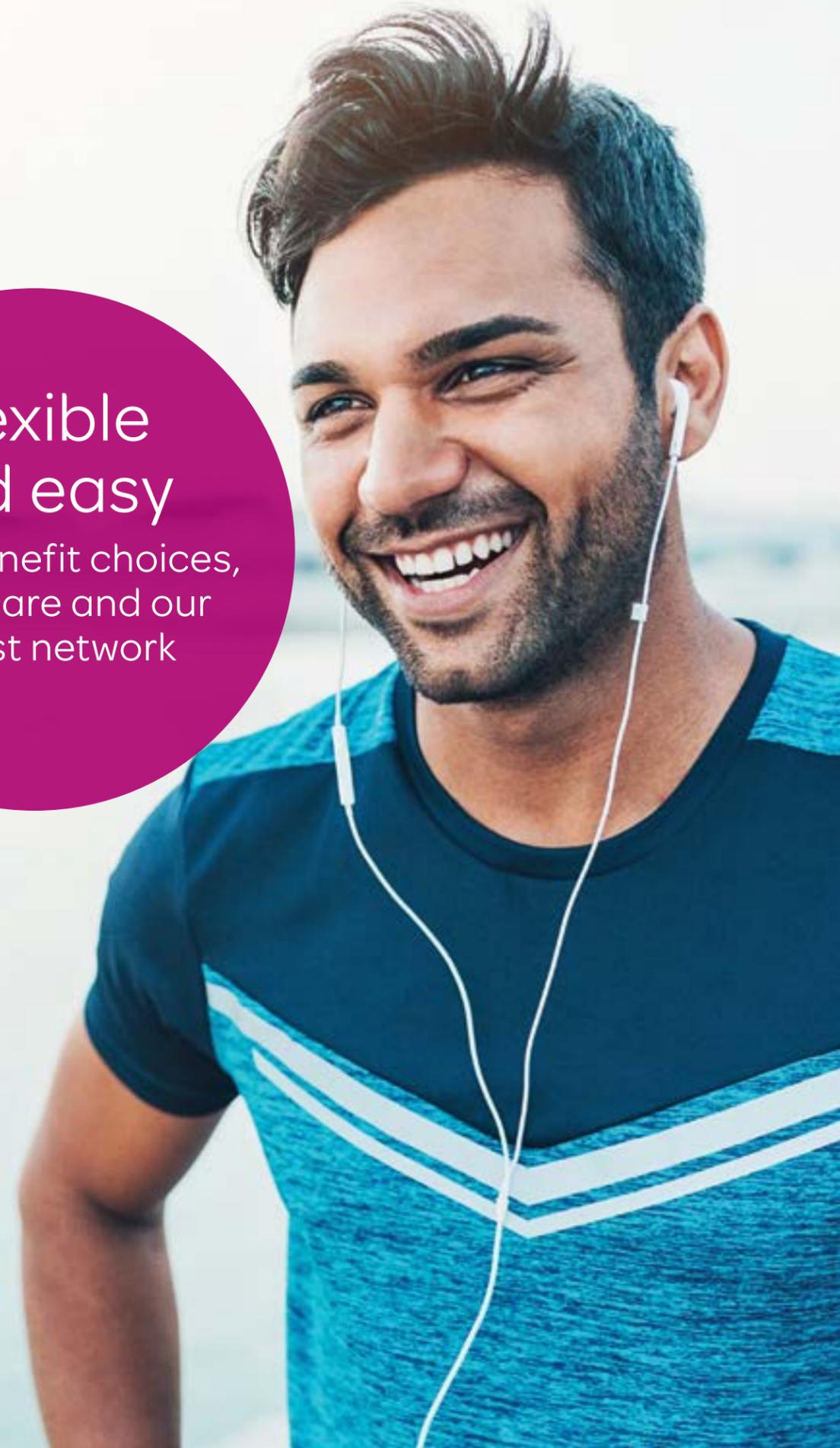
A PCP who is responsible for making sure you get all the care you need



Ready to choose?

Make your selection at myoebb.org

Flexible and easy better benefit choices, better care and our largest network



With Moda Health, the world of healthcare *revolves around you*

Healthcare can be complicated. We're here to make it better for you by putting you in the center of everything we do. **We do this with Moda 360 and PCP 360.**



Moda 360 Health Navigators can be your guide

Moda 360 Health Navigators understand the healthcare system, your benefits, and how everything works and can guide you through getting the best care.



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.



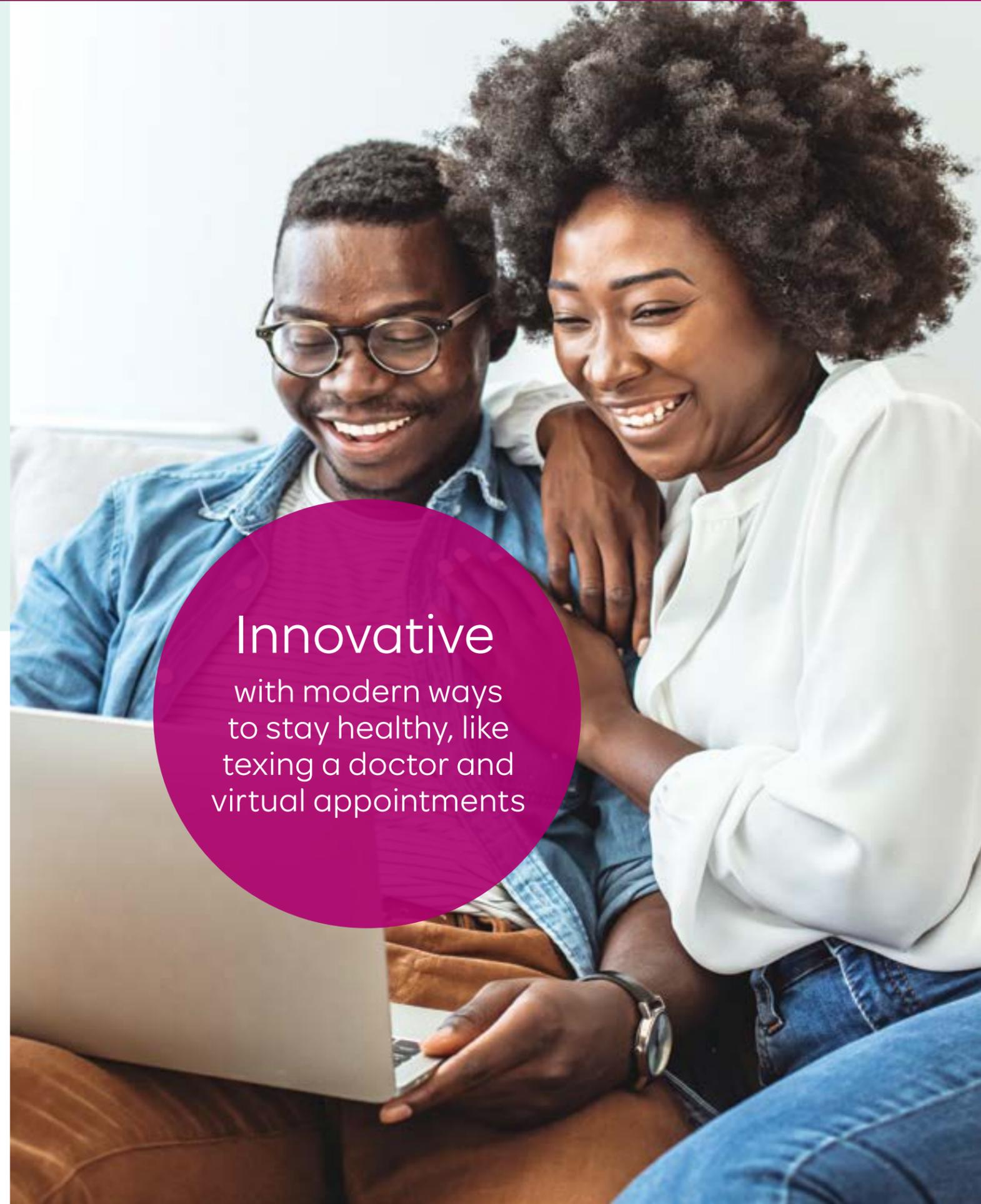
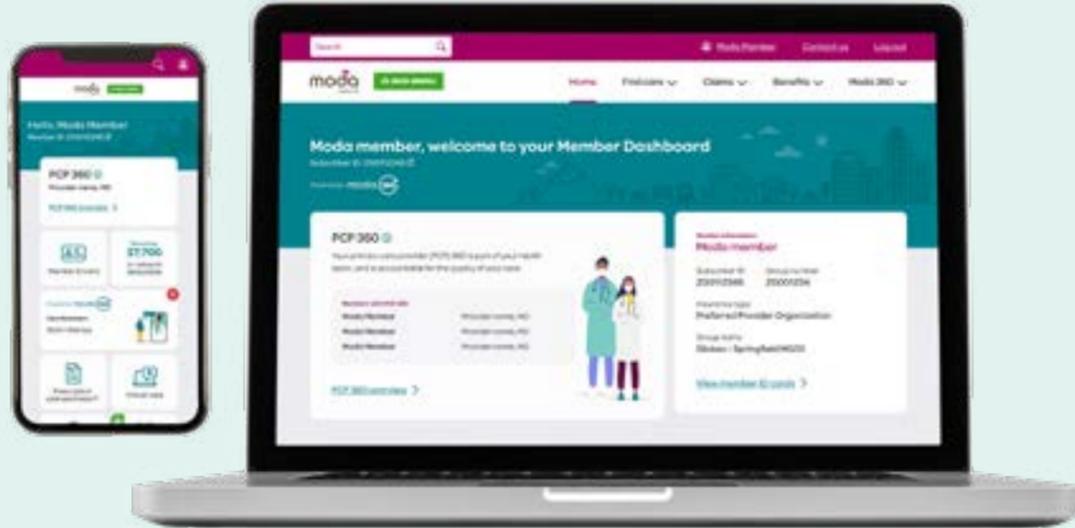
Choosing a PCP 360 provider means you will receive:

- Coordination with other providers, as needed
- Lower individual deductible
- Lower individual out-of-pocket maximum
- Lower cost for office visits, specialist visits and alternative care visits

 To see if your provider is a PCP 360, head to modahealth.com/pcp360.

Tools for *better health*

Log in to your **Member Dashboard** to access health tools and information about your account.



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



Message a Health Navigator instantly, with the **new chat feature**



Text a doctor, 24/7, and get private access to care in under a minute with **CirrusMD**, a nationwide telehealth option

CIRRUSMD



Take charge of your health and follow your progress, with **Momentum**, a fun, online goal tracker



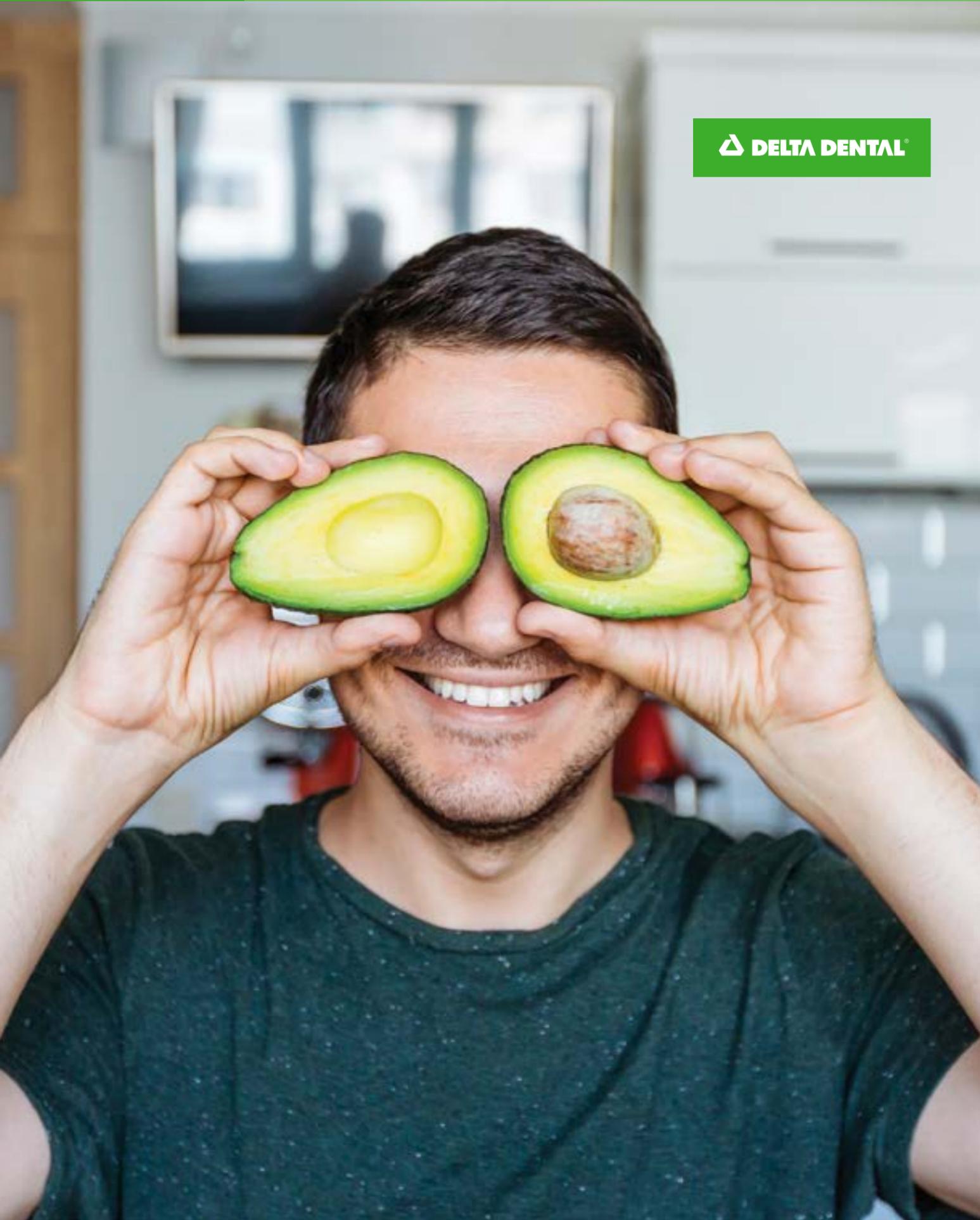
Get confidential support for depression, anxiety or burnout with **Meru Health**, a digital app that connects you to mental healthcare



Find your out-of-pocket cost for future care with the online **Healthcare Cost Estimator**



Stay fit and access special gym benefits with **Active&Fit Direct™**, available for a small monthly charge



Quality coverage for your smile

When all you need is dental insurance, we've got you covered.

With our dental plans, you'll have 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 13)



Savings from in-network dentists



Cleanings every six months

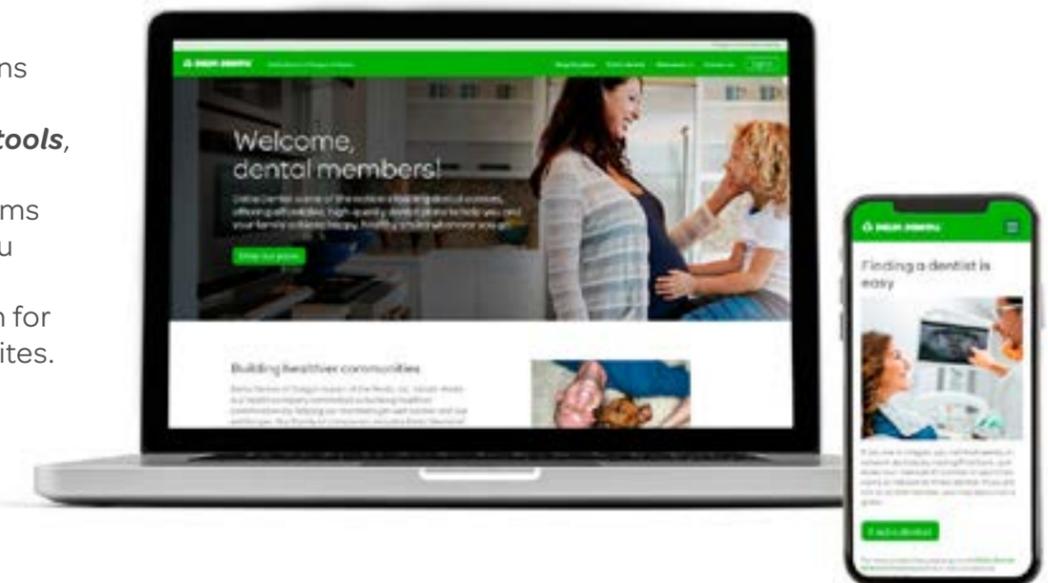


Superior customer service



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.



Review your dental plan options on page 19

A network that connects you to care

For your medical care needs, we've carefully selected a community of primary care providers (PCPs), 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 Connexus Network or want peace of mind when traveling, then our national network has you covered.

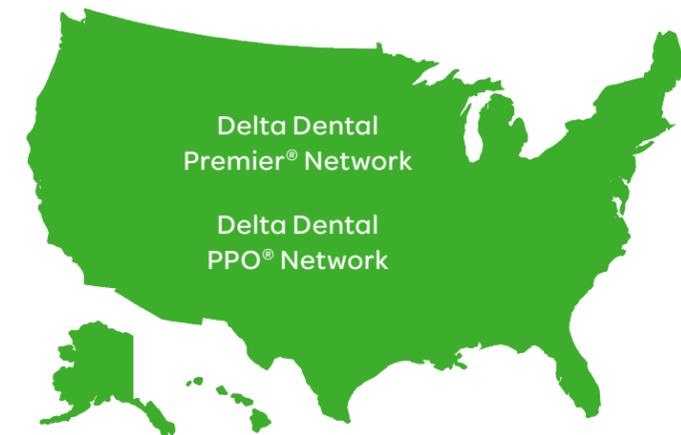
Here are some of our larger in-network hospital partners:



See if your doctor is in network at modahealth.com/findcare/connexus

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



Delta Dental Premier® Network

Potential savings in-network = \$\$

Even more choice and one of the largest dental networks in Oregon



See if your dentist is in network at modahealth.com/oebb click on Find Care > select your dental network

2022-23 *Medical plan* benefit table

	Medical Plan 1 Connexus Network		Medical Plan 2 Connexus Network		Medical Plan 3 Connexus Network		Medical Plan 4 Connexus Network		Medical Plan 5 Connexus Network ⁵	
 Coordinated care = Selecting a PCP 360 in your Member Dashboard	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay
Plan-year costs										
Deductible per person / family	\$400 / \$1,500	\$500 / \$1,500	\$800 / \$2,700	\$900 / \$2,700	\$1,200 / \$3,900	\$1,300 / \$3,900	\$1,600 / \$5,100	\$1,700 / \$5,100	\$2,000 / \$6,300	\$2,100 / \$6,300
Out-of-pocket max per person ⁷	\$2,850	\$3,250	\$3,850	\$4,250	\$4,850	\$5,250	\$6,700	\$7,100	\$6,800	\$7,200
Out-of-pocket max per family ⁷	\$9,750		\$12,750		\$15,750		\$15,800		\$15,800	
Preventive care										
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	\$15 copay^{1,6}	20%	\$15 copay^{1,6}	20%	\$20 copay^{1,6}	25%	\$20 copay^{1,6}	25%	\$25 copay^{1,6}	25%
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹									
Professional services										
Primary care office visits	\$20 copay^{1,2}	20%	\$20 copay^{1,2}	20%	\$25 copay^{1,2}	25%	\$25 copay^{1,2}	25%	\$30 copay^{1,2}	25%
Primary care office visits with a provider other than your chosen PCP 360	\$40 copay¹	N/A	\$40 copay¹	N/A	\$50 copay¹	N/A	\$50 copay¹	N/A	\$50 copay¹	N/A
Specialist office visits	\$40 copay¹	20%	\$40 copay¹	20%	\$50 copay¹	25%	\$50 copay¹	25%	\$50 copay¹	25%
Mental health office visits and Meru Health	\$20 copay ¹		\$20 copay ¹		\$25 copay ¹		\$25 copay ¹		\$30 copay ¹	
Chemical dependency services	\$20 copay ¹		\$20 copay ¹		\$25 copay ¹		\$25 copay ¹		\$30 copay ¹	
Virtual Care (CirrusMD telehealth)	\$0 copay ¹									
Alternative care services										
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year) ⁵	\$20 copay¹	20%	\$20 copay¹	20%	\$25 copay¹	25%	\$25 copay¹	25%	\$30 copay¹	25%
Maternity care										
Physician or midwife services and hospital stay	20%		20%		25%		25%		25%	
Outpatient and hospital services										
Inpatient care and outpatient hospital/facility care	20%		20%		25%		25%		25%	
Skilled nursing facility care (60 days per plan year)	20%		20%		25%		25%		25%	
Surgery	20%		20%		25%		25%		25%	
ACT 100: Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 25%		\$100 copay + 25%		\$100 copay + 25%	
ACT 500: Spine surgery, knee and hip replacement, knee and shoulder arthroscopy, uncomplicated hernia repair	\$500 copay + 20%		\$500 copay + 20%		\$500 copay + 25%		\$500 copay + 25%		\$500 copay + 25%	
Gastric bypass (Roux-en-Y) ³	\$500 copay + 20%		\$500 copay + 20%		\$500 copay + 25%		\$500 copay + 25%		\$500 copay + 25%	
Emergency care										
Urgent care visit	\$40 copay¹	20%	\$40 copay¹	20%	\$50 copay¹	25%	\$50 copay¹	25%	\$50 copay¹	25%
Emergency room (copay waived if admitted)	\$100 copay + 20%		\$100 copay + 20%		\$100 copay + 25%		\$100 copay + 25%		\$100 copay + 25%	
Ambulance	20%		20%		25%		25%		25%	
Other covered services										
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older. One aid per ear every 3 years for members under age 26	10%		10%		10%		10%		10%	
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – <i>Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.</i>	20%		20%		25%		25%		25%	
Outpatient diagnostic lab and X-ray	20%		20%		25%		25%		25%	
Durable medical equipment	20%		20%		25%		25%		25%	

^{1,2,3,4,5,6,7} See footnotes on page 17

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

2022-23 Medical **HDHP plan** benefit table

	Medical Plan 6 Connexus Network HDHP HSA Compliant ⁹		Medical Plan 7 Connexus Network HDHP HSA Compliant ⁹	
	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay	Coordinate your care for better benefits	With in-network, non-coordinated care, you pay
 Coordinated care = Selecting a PCP 360 in your Member Dashboard				
Plan-year costs				
Subscriber-only plan deductible ²	\$1,600	\$1,700	\$2,000	\$2,100
Family plan deductible ³	\$3,400		\$4,200	
Individual out-of-pocket max	\$6,400	\$6,750	\$6,500	\$6,750
Family plan out-of-pocket max ³	\$13,500		\$13,500	
Preventive care				
Incentive care office visits (for asthma, heart conditions, cholesterol, high blood pressure, diabetes)	15% ¹¹	20%	20% ¹¹	25%
Periodic health exams, routine women's exams, annual obesity screening, immunizations	\$0 ¹		\$0 ¹	
Professional services				
Primary care office visits	15%	20%	20%	25%
Primary care office visits with a provider other than your chosen PCP 360	15%	N/A	20%	N/A
Specialist office visits	15%	20%	20%	25%
Mental health office visits	15%	20%	20%	25%
Chemical dependency services	15%	20%	20%	25%
Virtual Care (CirrusMD telehealth)	\$0 copay		\$0 copay	
Alternative care services				
Acupuncture/chiropractic manipulation (subject to a combined 12 visit maximum per plan year) ⁸	20%	25%	20%	25%
Maternity care				
Physician or midwife services and hospital stay	20%	25%	20%	25%
Outpatient and hospital services				
Inpatient care and outpatient hospital/facility care	20%	25%	20%	25%
Skilled nursing facility care (60 days per plan year)	20%	25%	20%	25%
Surgery	20%	25%	20%	25%
Sleep studies, specified imaging (MRI, CT, PET), upper endoscopy, spinal injections, viscosupplementation, tonsillectomies for members under age 18 with chronic tonsillitis or sleep apnea	20%	25%	20%	25%
Spine surgery, knee and hip replacement, ⁵ knee and shoulder arthroscopy, uncomplicated hernia repair	20%	25%	20%	25%
Gastric bypass (Roux-en-Y) ⁴	\$500 copay + 20%	\$500 copay + 25%	\$500 copay + 20%	\$500 copay + 25%
Emergency care				
Urgent care visit	15%	20%	20%	25%
Emergency room	20%	25%	20%	25%
Ambulance	20%	25%	20%	25%
Other covered services				
Hearing aids and bone-anchored hearing aids – \$4,000 max/48 months for members 26 and older. One aid per ear every 3 years for members under age 26	20%	25%	20%	25%
Physical, occupational and speech therapy (including physical therapy performed in conjunction with alternative care) – Inpatient limitations: 30 days per plan year/60 days for spinal or head injury. Outpatient limitations: 30 sessions per plan year/up to 60 sessions for spinal or head injury.	20%	25%	20%	25%
Outpatient diagnostic lab and X-ray	20%	25%	20%	25%
Durable medical equipment	20%	25%	20%	25%
Major medical prescription coverage ⁶	20%	25%	20%	25%
Value tier	\$4 per 31 day supply ¹		\$4 per 31 day supply ¹	

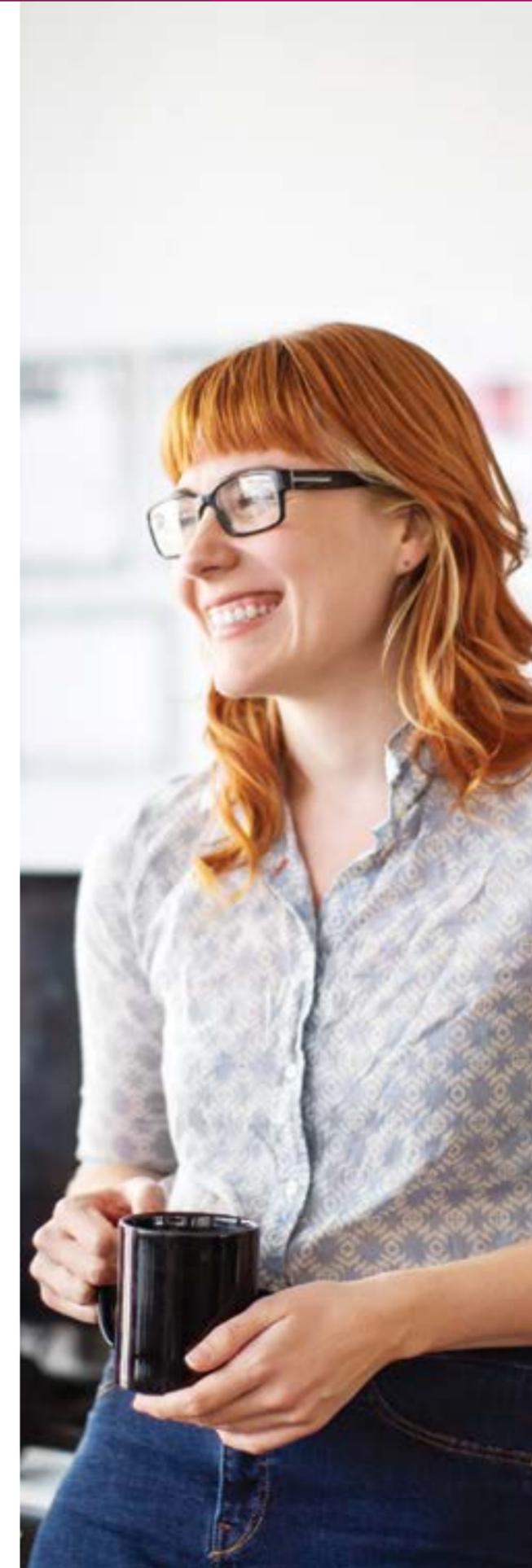
2022-23 **Medical plan** benefit table footnotes

- Deductible waived. All amounts reflect member responsibility.
- To receive the copay benefit, members must see their chosen PCP 360.
- This benefit is available to subscriber and spouse/partners and dependents age 18 and older. Members must use an approved Moda Health Center of Excellence. Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.
- If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the right column under that plan when using a provider in the Connexus network. If an individual has not select a PCP 360 with Moda, they will receive the "non coordinated" benefit shown on the left if using an in-network provider.
- For all other services (eg. Labs, diagnostics, specified imaging (MRI, CT,PET), office visits, etc) will be subject to the appropriate benefit level listed for each services provided.
- Members must see their chosen PCP 360 or any in-network specialist to receive the copay benefit.
- Medical copays, coinsurance, deductibles, ACT copays and pharmacy expenses apply to the medical out of pocket maximum.

2022-23 Medical **HDHP plan** benefit table footnotes

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

- Deductible waived. All amounts reflect member responsibility.
- Individual deductible applies only if employee is enrolling in the plan with no other family members.
- Family deductible and out-of-pocket maximum can be met by one or more family members. This deductible must be met before benefits will be paid. Deductible and copayments apply toward the plan-year out-of-pocket maximum.
- Travel benefits are available for services that are subject to reference pricing. Please see your handbook for more details.
- This benefit is available to subscriber and spouse/partners and dependents age 18 and older. Members must use an approved Moda Health Center of Excellence.
- A formulary exception must be approved for high-cost generics and non-preferred brand prescription medication.
- For all other services (eg. Labs, diagnostics, specified imaging (MRI, CT,PET), office visits, etc) will be subject to the appropriate benefit level listed for each services provided.
- If enrolled in a Moda medical plan, each covered individual must choose and use a PCP 360 with Moda for that individual to receive the enhanced "coordinated" benefit shown in the left column under that plan when using a provider in the Connexus network. If an individual has not selected a PCP 360 with Moda, they will receive the "non coordinated" benefit shows in the right column if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the "out-of-network" level regardless of whether the individual has selected a PCP 360 with Moda or not.
- To receive the lower coinsurance benefit, members must see their chosen PCP 360.
- Members must see their chosen PCP 360 or any in-network specialist to receive the lower coinsurance benefit.



2022-23 **Pharmacy** benefit table

	Medical Plans 1-5 ⁴	Medical Plans 6-7 ^{5,6}	
	Coordinated and non-coordinated care	Coordinated care	Non-Coordinated care
Value	\$4 per 31-day supply ¹	\$4 per 31-day supply*	\$4 per 31-day supply*
Select generic	\$12 per 31-day supply ¹	20%	25%
Preferred ^{2,3}	25% up to \$75 per 31-day supply ¹	20%	25%
Non-preferred brand ³	50% up to \$175 per 31-day supply ¹	20%	25%
Mail			
Value	\$8 per 90-day supply		
Select generic	\$24 per 90-day supply	20%	25%
Preferred ^{2,3}	25% up to \$150 per 90-day supply	20%	25%
Non-preferred brand ³	50% up to \$450 per 90-day supply	20%	25%
Specialty			
Select generic	\$12 per 31 day supply or \$36 for 90-day supply when allowed.	20%	25%
Preferred ^{2,3}	25% up to \$200 per 31 day supply or \$400 for 90-day supply when allowed.	20%	25%
Non-preferred brand ³	50% up to \$500 per 31 day supply or \$1,000 for 90-day supply when allowed.	20%	25%

**Deductible waived. All amounts reflect member responsibility.*

¹ A 90-day supply for value, select generic, preferred, and non-preferred medications is available at retail pharmacies for three times the 31-day copay.

² This benefit level includes select generic medications that have been identified as having no more favorable outcomes from a clinical perspective than other cost-effective generics.

³ Copay maximum is per prescription. A formulary exception must be approved for high-cost generics and non-preferred brand prescription medication.

⁴ Pharmacy expenses accrue towards the maximum cost share.

⁵ Pharmacy expenses accrue towards the out-of-pocket maximum.

⁶ You must meet your individual or family deductible first before any pharmacy expenses other than value medications are paid.

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

2022-23 **Vision plan** benefit table

	Opal	Pearl	Quartz
Benefit maximum	\$600	\$400	\$250
What you pay			
Eye examinations (including refraction) Frequency: Once per plan year		0% ¹	
Lenses ² Frequency: Contacts (including disposable contacts) or one pair of lenses per plan year		0% ¹	
Frames Frequency: One pair per plan year for members under 17 years old. One pair every two plan years for members 17 and older.		0% ¹	

Limitations and exclusions

- Vision exam and hardware benefits are all subject to the plan-year benefit maximum.
- Noncovered, excluded services are the member's responsibility and do not apply toward the plan-year maximum.

For more limitations and exclusions, visit modahealth.com/oebb/members and refer to your Member Handbook.

¹ Subject to benefit maximum.
² Includes single vision, bifocal, trifocal or contacts.

2022-23 **Dental plan** benefit table

	Plan 1 ²	Plan 5 ²	Plan 6 ³	Exclusive PPO Incentive Plan ^{3,4}	Exclusive PPO ^{3,4}
Network	Premier			PPO	PPO
	In-network, you pay			In-network, you pay	In-network, you pay
Plan-year costs					
Deductible	\$50	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,700	\$1,200	\$2,300	\$1,500
Out-of-network benefits included	✓	✓	✓	✗	✗
Preventive* and diagnostic services¹					
Exam and prophylaxis/cleanings (once every six months)	30% - 0% ²	30% - 0% ²	0%	0%	0%
Bitewing X-rays (once every 12 months)	30% - 0% ²	30% - 0% ²	0%	0%	0%
Topical fluoride application (ages 18 and under)	30% - 0% ²	30% - 0% ²	0%	0%	0%
Sealants and space maintainers	30% - 0% ²	30% - 0% ²	0%	0%	0%
Restorative services					
Fillings (posterior teeth paid to composite)	30% - 0% ²	30% - 0% ²	20%	30 - 0% ²	10%
Inlays (composite reimbursement fee)	30% - 0% ²	30% - 0% ²	20%	30 - 0% ²	10%
Oral surgery and extractions	30% - 0% ²	30% - 0% ²	20%	30 - 0% ²	10%
Endodontics and periodontics	30% - 0% ²	30% - 0% ²	20%	30 - 0% ²	10%
Major restorative services					
Gold or porcelain crowns	30% - 0% ²	30%	50%	30 - 0% ²	20%
Implants	30% - 0% ²	50%	50%	30 - 0% ²	20%
Onlays	30% - 0% ²	30%	50%	30 - 0% ²	20%
Prosthodontics services					
Dentures and partial dentures	30% - 0% ²	50%	50%	30 - 0% ²	20%
Bridges	30% - 0% ²	50%	50%	30 - 0% ²	20%
Other services					
Nitrous Oxide	50%	50%	50%	50%	50%
Occlusal guards (night guards ⁵ and athletic mouthguards)	50%	50%	50%	50%	50%
Orthodontic services^{1,6}					
Lifetime maximum – \$1,800	20%	20%	N/A	20%	20%

***NEW!** Preventive costs will not accrue toward the benefit maximum.

¹ Deductible waived.
² Under this incentive plan, benefits start at 70 percent for the individual's first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum benefit of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payment the following plan year, although payment will never fall below 70 percent.
³ Moving from a constant benefit plan (6 or Exclusive PPO) to an incentive benefit plan (1 or 5) will cause the benefit level to start at 70 percent.
⁴ This plan has no out-of-network benefit. Services performed outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and X-rays. All other services are considered non-covered.
⁵ \$250 maximum, once every five years.
⁶ Orthodontic services do not apply toward the plan-year benefit maximum.

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

Trusted with almost 15 years of providing medical, dental and vision plans to **OEBB members like you**



All in one

Medical, pharmacy, vision and dental benefits by one health partner



Robust network

A wide choice of quality providers in Oregon, SW Washington, Idaho and Northern California utilizing the Connexus Network

Ready to choose **better health?**



Learn more about our plans at modahealth.com/oebb



Enroll online at myoebb.org

Questions? We're here to help!

OEBBquestions@modahealth.com

Medical/Vision coverage866-923-0409

Dental coverage866-923-0410

Pharmacy coverage866-923-0411

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:

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 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

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

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.

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

بولتے ہیں تو لسانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 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).

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

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرد. (TTY: 711) 1-877-605-3229

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 (TYT、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

ໂປດຊາບ: 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 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.

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี 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 totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong 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?

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