



Privacy Practices for Protected Health Information

Your information. Your rights. Our responsibilities.

This notice protects the rights of current members of Delta Dental of Virginia. It describes how certain health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Privacy Practices and Responsibilities

- We are required by law to maintain the privacy and security of your health information. Because of this, Delta Dental employees' access to your health information is limited.
- We also limit access to business partners, dentists and others we believe are necessary to treat, pay, provide health care operations and other uses as described in this notice.
- We have physical, electronic and process safeguards in place to restrict access to your health information, including secured office facilities and controlled computer network systems.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information in any way other than as described here, unless you provide written permission. If you provide permission, you may change your mind at any time, by letting us know of the change in writing.
- We will advise you if a breach occurs that compromises the privacy or security of your information.
- We reserve the right to change the terms of this notice at any time. The notice can be accessed at [DeltaDentalVA.com](https://www.DeltaDentalVA.com) or can be sent upon request. If we make material changes to this notice, we will mail you a notification.
- We send communications about health-related products or services as long as the products or services are associated with your coverage, or are offered by us.

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Our Uses and Disclosures

We typically use or share your health information without your permission in the following ways.

<p>To communicate with you or any individual on your behalf</p>	<p>Provide you customer service or respond to your request for information.</p> <p>Provide customer service to a person we believe in good faith is acting on your behalf and that you would not object to the disclosure.</p>	<p>Example: <i>We may respond to an inquiry from you questioning a claim status or payment.</i></p>
<p>Pay for your health services</p>	<p>We can use and disclose your information when paying for your dental services or for coordinating care with other benefit plans you may have.</p> <p>We may use and disclose your information to dentists or other non-employee professionals who review claims for us or are involved in claims appeals.</p>	<p>Example: <i>We send and receive information about your claims to coordinate payment for your dental work.</i></p>
<p>Help manage the health care treatment you receive</p>	<p>We can use or disclose your health information and share it with professionals who are treating you.</p>	<p>Example: <i>We share dental information with your dentist to help them provide you with the care you need.</i></p>
<p>Run our organization</p>	<p>We can use and disclose your information to run our organization. We may share non-health information with other Delta Dental member companies for business operational purposes.</p> <p>We can use and disclose your information to companies that contract with us to perform insurance or insurance related purposes.</p> <p>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</p>	<p>Examples: <i>We use health information about you to develop better services for you.</i></p> <p><i>We share your information with companies that print checks or mail identification cards.</i></p> <p style="text-align: right;">Continued on next page</p>

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<p>Administer your plan</p>	<p>We may disclose your information to your employer or employee benefit plan sponsor for plan administration. Detailed information is not shared with your benefit carrier unless it agrees to maintain your privacy.</p> <p>We may disclose your information to agents, brokers and consultants for your health plan.</p>	<p>Examples: <i>Your company contracts with us to provide a dental plan, and we provide your company with certain statistics to explain the premiums we charge.</i></p> <p><i>Information may be exchanged between Delta Dental of Virginia and the agent or broker for underwriting, enrollment and similar activities.</i></p>
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How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We must meet many legal conditions before we can share your information for these purposes. For information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

<p>Help with public health and safety issues</p>	<p>We can share your health information for certain situations such as:</p> <ul style="list-style-type: none"> • Reporting suspected abuse, neglect or domestic violence. • Preventing or reducing a serious threat to anyone’s health or safety.
<p>Do research</p>	<p>We can use or share your information for health research studies that meet all privacy requirements.</p>
<p>Comply with the law</p>	<p>We will share information about you if state or federal laws require it, including with health oversight agencies for activities authorized by law.</p> <p>We will share information with state insurance and health regulator authorities conducting state insurance or health examinations or when responding to a complaint.</p> <p>For law enforcement purposes, with law enforcement or other government officials.</p>
<p>Address workers’ compensation and other government requests</p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims. • For special government functions such as military, national security and presidential protective services.
<p>Respond to lawsuits and legal actions</p>	<p>We can share health information about you:</p> <ul style="list-style-type: none"> • In response to a court or administrative order, subpoena, discovery request, garnishment or other lawful proceeding. • To a coroner, medical examiner or funeral director, as necessary, when authorized by law.

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If none of these situations apply, we must get your written permission, known as an authorization, before we use or share your health information. If you sign an authorization, you may change or revoke your authorization at any time by writing to us at the address listed on the last page of this notice.

Our Collection Practices

In order to provide you and your family with insurance coverage, Delta Dental needs personal information that includes (but is not limited to) your name, address, social security number and information about your dental history. You are the primary source of this information. However, we also collect information from a variety of other sources. These other sources may include, but are not limited to:

- Your employer or group;
- Insurance agents, brokers and consultants who submit information on your behalf or on your group's behalf;

- Dentists and other professionals who provide dental and related services and their office personnel; and
- Other dental insurers, health insurers, HMOs and similar organizations with whom you may have other dental, hospital, medical or related coverage.

This information typically comes from your enrollment form, direct personal contact, correspondence, by phone, fax or through internet communications.

Your Responsibilities

- In order for us to protect your privacy, it is necessary that you provide us with accurate and complete personal information and contact us if a correction of such information is required.
- Do not share your user ID and passwords.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health information	<p>You can ask to see or get an electronic or paper copy of the health information we have about you. This includes enrollment, payment, claims determination, dental management activities, and information used to make enrollment, coverage or payment decisions about you. Your right to this information does not include copies of information:</p> <ul style="list-style-type: none">• Made in reasonable anticipation of (or use in) a civil, criminal, or administrative action or proceeding;• Subject to federal or state laws that do not allow us to give it to you;• That could possibly harm you or another person. If we limit access because of this, you have the right to ask for a review of this decision, and your request must be made in writing. <p>We will provide a copy or a summary of your health and claims records, usually within thirty (30) days of your request. We may charge a reasonable, cost-based fee.</p>
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<p>Ask us to correct health and claims records</p>	<p>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</p> <p>We may say “no” to your request, but we’ll tell you why in writing, usually within sixty (60) days.</p>
<p>Request confidential communications</p>	<p>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, especially if you are in danger, and will accommodate this request if the alternative address allows us to collect premiums and pay claims required by your Dental Services Plan.</p>
<p>Ask us to limit what we use or share</p>	<p>You can ask us not to use or share certain health information for treatment, payment, or our operations, especially for services paid in full out-of-pocket without plan benefits.</p> <p>We are not required to agree to your request. For example, we may say “no” if it would affect your care.</p>
<p>Get a list of those with whom we’ve shared information</p>	<p>You can ask for a list (accounting) in writing of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.</p> <p>We will include uncommon purposes such as requests from law enforcement. We will not include routine disclosures about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.</p>
<p>Get a copy of this privacy notice</p>	<p>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</p>
<p>Choose someone to act for you</p>	<p>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</p> <p>We will make sure the person has this authority and can act for you before we take any action.</p>

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<p>Ask a question or file a complaint if you feel your rights are violated</p>	<p>You can ask a question or submit a complaint if you feel we have violated your rights by contacting us toll-free at 1-800-237-6060/TTY 877-287-9039. You may also file a written complaint with Delta Dental of Virginia to:</p> <p>Delta Dental of Virginia Attn: Privacy Officer 5415 Airport Road Roanoke, VA 24012</p> <p>You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:</p> <p>200 Independence Avenue, S.W. Washington, D.C. 20201</p> <p>Or by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.</p> <p>We will not retaliate against you for filing a complaint.</p>
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Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in payment for your care. • Share information in a disaster relief situation. • Share non-health information with other Delta Dental member companies for business operational purposes. <p>If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p>
<p>In these cases, we never share your information unless you give us written permission</p>	<ul style="list-style-type: none"> • For marketing purposes • For the sale of your information

Nondiscrimination and Language Assistance Services

Discrimination is Against the Law

Delta Dental complies with applicable Federal civil rights laws. Delta Dental does not discriminate, exclude people, or treat them differently on the basis of gender, sex (which includes discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity or expression; and sex stereotypes), race, color, religious creed, national origin, citizenship, age, physical or intellectual disability, protected veteran status, marital status, genetic information, or any other characteristic protected by law.

Delta Dental:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, braille, audio, accessible electronic formats, etc.)
- Provides free language assistance services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Electronic and written translated documents in other languages.

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

If you believe that Delta Dental 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 grievance with:

Compliance Manager
 PO Box 103
 Stevens Point WI 54481
 Phone: 1-715-344-6087, TTY: 711
 Fax: 1-715-344-9058
 Email: compliance_wi@deltadentalwi.com.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Compliance Manager is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,
 200 Independence Avenue SW
 Room 509F, HHH Building
 Washington DC 20201
 1-800-868-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

SHQIP (Albanian)	VINI RE: Nëse flisni [shqip], shërbyme falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbyme shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-888-899-3734 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit."
አማርኛ (Amharic)	ማሰብሊያ፡- አማርኛ የሚናገሩ ከሆኑ፣ የቶንቁ ድጋፍ አገልግሎት በገዛ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በገዛ ይገኛሉ። በስልክ ቁጥር 1-888-899-3734 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅርቦታን ያናግሩ።"
العربية (Arabic)	تنبيه: إذا كنت تتحدث اللغة العربية، فستوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل "على الرقم 1-888-899-3734 (711) أو تحدث إلى مقدم الخدمة".
Ikirundi (Bantu – Kirundi)	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-888-899-3734 (TTY: 711).
বাংলা (Bengali)	মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-888-899-3734 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।"
中文 (Chinese)	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 1-888-899-3734（文本电话：711）或咨询您的服务提供商。
Cushite (Oromo)	XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltidhaan ala, ni argama. Bililaa 1-888-899-3734 (TTY: 711).
Français (French)	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 1-888-899-3734 (TTY : 711) ou parlez à votre fournisseur.
Kabuverdianu (French Creole)	ATENÇÃO: Caso fale Kabuverdianu, existem serviços de assistência linguística gratuitos disponíveis. Estão também disponíveis apoios e serviços auxiliares adequados para prestar informações em formatos acessíveis. Ligue 1-888-899-3734 (TTY: 711) ou contacte o seu operador.
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-899-3734 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-888-899-3734 (TTY: 711) ή απευθυνθείτε στον πάροχο σας.
ગુજરાતી (Gujarati)	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા/તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય અંગિકાવરી સહાય અને એક્સિસિબલ ફોર્મટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-899-3734 (TTY: 711) પર કોલ કરી અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-888-899-3734 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Lus Hmoob (Hmong)	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 ntauw ntauw 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 1-888-899-3734 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.
Igbo asusu (Ibo)	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-899-3734 (TTY: 711).
Indonesian	PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-888-899-3734 (TTY: 711)
Italiano (Italian)	ATTENZIONE: se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-899-3734 (tty: 711) o parla con il tuo fornitore.
日本語 (Japanese)	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。1-888-899-3734（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。
한국어 (Korean)	주의: [한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-899-3734 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Bàsòò-wùdù-pò-nyò (Kru/Bassa)	Dè dè nià kè dyédé gbo: Ɔ jù ké m̀ [Bàsòò-wùdù-pò-nyò] jù ní, à wudu kà kò dò pò-pò b́éin m̀ gbo kpáá. Dá 1-888-899-3734 (TTY:711)
ລາວ (Laotian)	ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-899-3734 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
Majol (Marshallese)	IKUJEN: Ne kwōj kajin Majol, ewōr jibañ ejellok wonnen ñan kwe ilo kajin eo am. Ebar wōr kein roñjak im jibañ ko rekkañ ñan lewaj melele ilo wāween ko kwōmaron loi im ejellok wonnen. Kall ae lok 1-888-899-3734 (TTY: 711) ñe ejab kenono ibben armij ak opij eo ej lewaj jerbal in jibañ ñan kwe.
ភាសាខ្មែរ (Mon-Khmer, Cambodian)	សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ លោកជម្រុះនឹងជួយភាសាគតិកត្រួតត្រាភាសាសម្រាប់អ្នក។ ជំនួយ និងលោកជម្រុះដែលជាការជួយដល់អ្នក ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចយល់ប្រើប្រាស់បាន ក៏អាចរកបានដោយគតិកត្រួតត្រាផងដែរ។ ហៅទូរស័ព្ទទៅ 1-888-899-3734 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។
नेपाली (Nepali)	सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। 1-888-899-3734 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
Nilotic	Pij apieth: Naa yee jam nè Nilotic –Dinka, anoj kéde kuony de thok ṭu ṭenè ỵiin, ke cim ẉeu. Yuopé 1-888-899-3734 (TTY: 711)
ਪੰਜਾਬੀ (Panjabi)	ਪਿਆਰ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਮਹਾਰਿਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਯੂਟਕ ਮਹਾਰਿਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-888-899-3734 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।
Pennsylvanian Dutch	Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-899-3734 (TTY: 711).

فارسی (Persian)	دسترس در رایگان زبانی پشتیبانی خدمات، کنیدی صحبت [زبان کردن وارد] اگر: توجه در اطلاعات ارائه برای مناسب پشتیبانی خدمات و ها کمک همچنین. دارد قرار شما 1-888-899-3734 شماره با. باشند می موجود رایگان طور به دسترس قابل های قالب کنیدی صحبت خود دهند (ارائه با یا بگریزید تماس (711): تاپ: 711)
POLSKI (Polish)	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniana są w formie bezpłatnej. Informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-899-3734 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
Portuguese	ATENÇÃO: Se você fala [inserir idioma], 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 1-888-899-3734 (TTY: 711) ou fale com seu provedor.
РУССКИЙ (Russian)	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 1-888-899-3734 (TTY: 711) или обратитесь к своему поставщику услуг.
Srpsko-hrvatski (Serbo-Croatian)	OBAVIJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-899-3734 (TTY- Telefon za osobu sa oštećenim govorom ili sluhom: 711).
Español (Spanish)	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 1-888-899-3734 (TTY: 711) o hable con su proveedor.

Tagalog	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 1-888-899-3734 (TTY: 711) o makipag-usap sa iyong provider."
ไทย (Thai)	หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-888-899-3734 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ
українська мова (Ukrainian)	УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-888-899-3734 (TTY: 711) або зверніться до свого постачальника».
اردو (Urdu)	توجہ 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 (1-888-899-3734) (TTY: 711) (امداد اور خدمات بھی مفت دستیاب ہیں۔) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt (Vietnamese)	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ 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 1-888-899-3734 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
Yoruba	AKIYESI: Ti o ba nso ede Yoruba o fe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-899-3734 (TTY: 711).