

Clear Plan Insurance Policy from Delta Dental.

A new way to do dental. And it starts here.

A simple explanation of what your dental insurance will pay for.

Dental benefits are important to you and those around you, so thank you for recognizing this and buying benefits from Delta Dental.

Dental benefits are important, and so is this document. That's why it's important you read it, start to finish. We'll try to make it as painless as possible. Also, please hold onto this document. It can answer many questions about your dental insurance.

"You" refers to the person who bought this policy. Any information about this policy will come to you. If you did not buy this policy you will not receive any information from Delta Dental about this policy.

Your declaration page is part of your policy. Read it. If it's wrong, let us know. It may affect your coverage.

This policy from Delta Dental of Wisconsin, Inc. only covers Wisconsin residents. If you're not a Wisconsin resident this policy doesn't cover you. However, if you tell us what state you live in we may be able to refer you to a different Delta Dental policy.

This policy covers only what it says it covers. Everything else is not covered, whether or not it's listed as "not covered."

If you're not satisfied with this policy you can return it anytime within 10 days of the day you received it. We'll void the policy and refund your money, less any payment for claims you incurred.

Renewal Subject to Consent of Company

Now, about your questions ...

When does my coverage start?

Your coverage starts the first day of the month *after* your application is approved. It continues for 12 months; at that time you'll be asked to renew it for another 12-month period.

What if I have other dental insurance?

If you have other dental insurance you can't buy this dental insurance.

What about coverage for my children and spouse?

Your children and spouse can be covered under this policy as long as they're eligible. If they're no longer eligible (but still Wisconsin residents), they can purchase their own policy. Please see the **Who Is Eligible For Coverage** section for details.

How do I renew my coverage?

If you'd like to keep this coverage all you need to do is pay the premium. This policy will automatically renew.

Where do I go on the internet to learn about my dental insurance, and what can I do there?

At www.DeltaDentalCoversMe.com you can make address or credit card changes, or add or remove people you want to cover with this policy. You can find out about your premium and effective date, and see and print information about your benefits and claims.

Choosing a Dentist

Your Network Choices: Delta Dental PPO or Delta Dental Premier

If you want benefits from this policy you must see a Delta Dental Premier or Delta Dental PPO network dentist.

Find a listing of more than 1,000 Delta Dental PPO dentist locations in Wisconsin and hundreds of thousands of Delta Dental network dentists nationwide at www.DeltaDentalCoversMe.com, or call 888-899-3734.

Out-of-Network Emergency Care Allowance

If a dental emergency -- a serious dental condition with severe pain requiring immediate care -- happens and you can't see a Delta Dental PPO or Delta Dental Premier Dentist, this policy provides an Emergency Care Allowance of up to \$50 toward procedures defined by Delta Dental as "emergency relief of pain." You have to prove you paid the dentist before we pay you back.

How you pay for services

You pay the dentist a fixed amount, outlined in the following table, and then we pay the dentist the remainder of the cost. There is no deductible.

Other Important Information

There is no annual or lifetime maximum benefit under this plan, and there are no waiting periods for any benefits.

What follows is a list of the dental procedures covered under this policy, and the amount you have to pay for each procedure. If a procedure isn't listed below, it's not covered.

What Is Covered And What You Pay

| You pay | What is covered (for each person covered under the plan) |
|---------|--|
| | Diagnostic and Preventive Dental Procedures |
| \$65 | Dental checkups every six months. A dental checkup includes one or more of these procedures provided within 30 days: Examination or evaluation Cleaning – basic, specialized and/or extensive Bitewing x-rays Fluoride (for children through age 14) |
| \$65 | Full-mouth x-rays once every five years (a series of individual x-rays or a panoramic x-ray). |
| \$115 | Space maintainers when a primary tooth is prematurely lost. (Ages 14 and under only.) |
| \$30 | Sealants on the decay-free, biting surface of permanent molars, one sealant per tooth every two years, for ages 14 and under. |
| | All Other Dental Procedures |
| nothing | Emergency treatment to relieve pain. |
| \$65 | Emergency evaluation. |
| \$115 | Amalgam (silver) or composite (tooth-colored) fillings. Replacing an existing filling is covered once every two years. |
| \$115 | Stainless-steel crowns and ready-made resin crowns are covered on primary teeth. Replacing this type of crown is covered once every two years. |
| \$535 | Root canal therapy, limited to two teeth in the 12 months after you buy or renew your policy, and once per tooth every two years. |

| You pay | What is covered (for each person covered under the plan) |
|----------------|--|
| \$115 | Pulpotomy and pulpal therapy. |
| \$125 | Surgical or non-surgical treatment on tooth roots. |
| \$125 | Scaling and root planing (deep cleaning for gum disease) once per area (upper right, lower right, upper left, lower left) every two years. |
| \$230 | Removing and reforming diseased gum tissue once per area every three years. |
| \$535 | Tissue graft procedures and removal of excess tissue. |
| \$740 | Bone surgery once per area every three years. |
| \$115 | Non-surgical extractions. |
| \$230 | Surgical extractions. |
| \$115 | General anesthesia in conjunction with covered surgical procedures, once per treatment. |
| \$740 | This policy covers no more than one crown for each covered person every 12 months. Replacing a defective existing crown is covered when the defective existing crown is at least seven years old. Crowns, other than stainless steel crowns, for ages 11 and under are not covered. Inlays and onlays are not covered. |
| \$65 | Crown repair and rebuilding. |
| \$65 | Denture adjustments and implant repairs. |
| \$125 | Denture repairs, once every 12 months; relining and rebasing dentures to improve their fit; implant removal; recement fixed bridgework; repair fixed bridgework. |

| You pay | Procedures To Replace Missing Teeth |
|----------------------------|---|
| | <p>This policy covers one prosthetic appliance in the 12 months after you buy or renew your policy. A prosthetic appliance is any of the following:</p> <p>Surgical implant placement, implant abutment, implant crown</p> <p>Fixed bridge</p> <p>Removable partial denture</p> <p>Removable complete denture</p> |
| \$740 | Removable partial denture or complete denture for persons ages 16 and up. Replacing a defective existing partial or complete denture is covered when the defective existing partial or complete denture is at least seven years old. |
| \$740 per tooth | Fixed bridge up to three teeth for persons ages 16 and up. Additional teeth are not covered. Replacing a defective existing bridge is covered when the defective existing bridge is at least seven years old. |
| \$2600 | Surgical installation of implants for persons ages 16 and up. |
| | Dental Procedures from an out-of-network dentist |
| Patient pays entire charge | <p>We don't cover procedures provided by a dentist who is not in the Delta Dental Premier or Delta Dental PPO networks, but we will pay you up to \$50 if you have paid an out-of-network dentist for procedures defined by Delta Dental as "emergency relief of pain." You have to provide proof of your payment.</p> |

Optional Procedures

We pay for the least expensive dental procedure necessary to fix the problem after you pay the dentist, as outlined in the section **What Is Covered And What You Pay**. You have to pay the rest of the dentist's fee if a more expensive dental procedure is selected.

What We Don't Cover

1. Cosmetic services or supplies, including cosmetic work done on dentures.
2. Any procedures done to restore the height and/or width of teeth.
3. General anesthesia and/or intravenous (deep) sedation, except when this policy says otherwise.
4. Braces and retainers (orthodontia), and services related to braces and retainers.
5. Injuries or conditions covered under Workers' Compensation or Employer's Liability laws; services provided by any government agency; or any services that are provided free.

6. Treatments that are still under investigation or observation.
7. Prescription drugs.
8. Pain relievers like nitrous oxide, conscious sedation, euphoric drugs, or injections.
9. Hospitalization charges and related charges.
10. Consultations or second opinions.
11. Charges for broken appointments.
12. Patient management problems.
13. Charges for completing claim forms.
14. Habit-breaking appliances.
15. Temporomandibular joint (TMJ) services or supplies.
16. Brushing and flossing instructions, tobacco and nutritional counseling.
17. Any dental services provided to anyone covered under this policy while they are on active service in the Armed Forces.
18. Any dental services performed or started before this policy took effect.
19. Any dental services performed or started after this policy ends.
20. Laboratory tests and/or laboratory examinations.
21. Anything determined (by Delta Dental) not to be necessary for treating a dental condition, disease or injury.
22. Replacement of a lost, missing or stolen denture or bridge.
23. Duplicate dentures or bridges, or any other duplicate appliance.
24. Free services or supplies.
25. Services covered or provided under any other plan or policy.
26. Any other service not specifically listed in this policy as a benefit.
27. Delta Dental pays upon completion of a procedure. Removable dentures and bridges are considered completed when they are placed in a patient's mouth. Fixed partial dentures and crowns are considered completed when they are cemented in. Root canals are completed on the date the canals are permanently filled. The completion date has to be listed on the claim.

Who Is Eligible For Coverage

Only Wisconsin residents over age 18 who have no other insurance covering dental procedures may buy this policy.

You can also include the following people under your policy:

1. Your legal spouse;
2. Your legal dependents.

Coverage for A Newborn/Adopted Child

A newborn child is covered at birth and coverage continues for 60 days. You have a year to add the newborn to the policy if you pay the premium plus 5-1/2% interest. The policy will pick up coverage at any point during the newborn's first year of life. If you adopt a child, coverage begins on the day the child is adopted, placed for adoption, or on the day of the final order granting adoption, whichever comes first.

Adding or Removing Dependents

Any person you want to cover under this policy and is not an adoptee or newborn as described above has to apply to be added to this policy as a covered dependent. If the application is accepted, the covered dependent will be added when the policy renews. You will be billed for the added dependent on the bill following the renewal date.

Letting Delta Dental Know

Mailing or emailing information to Delta Dental is sufficient. Information sent to you will be considered sufficient if sent to your last known physical address or email address.

Premiums: The Price You Pay

Your premiums for this policy will be shown on the declaration page. You are responsible for paying premiums, even if someone else said they would pay the premium for you. The first premium is due the day we accept your application for coverage. You can pay premiums monthly, semiannually or annually. That time is called a "premium period." Premiums are due the first day of each premium period. If the charge is declined on the due date, we will tell you, and you have to take care of paying the premium. If at the end of a 31-day grace period your account is still overdue, we will cancel your coverage.

Delta Dental may change the rates and/or benefits under this policy on this policy's renewal date. Delta Dental will send you notice of a rate change at least 30 days before the beginning of the renewal period. However, if we increase your rate 25% or more, or if we decrease any benefits under your policy, Delta Dental will send you notice of the new rate and benefits at least 60 days before the renewal date.

Premium Due Date

This policy is valid for 12 months, starting with the policy's effective date as shown on the declaration page. After that, you can renew this policy if we agree, if you and any other people covered under this policy remain eligible, and if premiums are paid according to the procedure described above.

Premium Grace Period

Unless you have told us you want to terminate your policy, you have a 31-day grace period to pay your premium. You are still covered during the grace period. If you don't pay your premium within the grace period, you will lose coverage on the last day of the grace period. You have to pay for coverage provided during the grace period.

Estimate Of Payment And Treatment Plans

After an exam, your dentist may recommend a treatment plan. If the plan includes crowns, fixed bridges, implants, or partial or complete dentures, and you are wondering what the treatment will cost, ask your dentist to send the treatment plan, with x-rays, to Delta Dental.

After we receive the treatment plan, we will estimate how much each of us will pay, and we will send you and your dentist an estimate. If you have any questions about the estimate, just call us at 888-899-3734.

Before you begin the treatment plan, you and your dentist should discuss the plan, the amount Delta Dental will pay, and how you will pay the remainder.

Filing Claims

To file a claim with Delta Dental, show your ID card to the receptionist at your dentist's office. You or your dentist should file your claim with us within 90 days after you see the dentist.

We'll tell you what we paid -- called an Explanation of Benefits -- within 30 days after we receive your claim, unless special circumstances require more time. If we deny a claim because we need more information, the Explanation of Benefits shows what additional information we need.

Dental Procedure Incurred

A dental procedure is incurred on the date it is completed. Claims need to be filed within 15 months after a procedure is incurred for Delta Dental to consider them for payment.

If We Deny Your Claim

Non-Urgent Care Situations:

If anyone covered under this policy makes a claim and we deny some or all of it, we'll give written notice to you, or the person who made the claim, or the dentist who provided treatment. Our claim decision will be made on an Explanation of Benefits form.

We usually give written notice within 30 days. If we need more time, we'll tell you, or the person who made the claim, and the dentist. If we need more information, we'll describe the additional information we need. You, or the person who made the claim, or the dentist, then have 45 days to give us the information we need.

Appealing a Claim Denial

If anyone covered under this policy has questions about a denied claim, call Delta Dental at 888-899-3734. Most questions about benefits can be answered informally, so please call first and talk with us. However, you, or a person covered under this policy, have the right to file an appeal asking us to formally review the benefits decision.

If you aren't satisfied with the way Delta Dental provided services or handled claims under this policy, anyone covered under this policy, or their representative, can file a written complaint with us. This is called a "grievance."

To file a grievance or appeal a benefits determination, contact our benefit services department at 888-899-3734, fax your request to 800-807-1970, or mail it to:

Delta Dental
P.O. Box 103
Stevens Point, WI 54481-0103

Include the reasons why you disagree with our benefits determination and include any evidence you believe supports your claim. Include your name, the name of the covered person if applicable, and your policyholder ID number on all supporting documents.

Resolution Procedure

We will let you know we received the grievance or appeal within five days after we receive it. We will try to resolve the grievance or appeal informally. If we can't, you, a person covered under this policy, or a representative, may appear before our grievance committee to present your information and ask questions of the committee. The committee will tell you, the covered person, or a representative the time and place of the meeting at least seven calendar days before the meeting.

If someone covered under this policy does not go through the process described above, and you file a lawsuit against us seeking payment of benefits, the court may not allow the lawsuit to proceed. No legal action can be brought against Delta Dental more than three years after the grievance committee's final decision.

Time Limits for Resolution

We'll try to resolve all grievances and benefit-determination appeals within 30 calendar days. We will tell you, or the covered person, our decision in writing. If the appeal is denied in whole or in part, the notice will include:

1. The specific reason(s) for the denial;
2. The specific part(s) of the policy, the scientific or clinical judgment, or the processing policy on which the denial is based;
3. A statement that you are entitled to receive, free for the asking, access to and copies of all documents, records, and other information relevant to the claim; and
4. A statement describing our appeal procedure.

We usually resolve grievances within 30 days. If we can't, we will tell you, or the covered person, or your representative, in writing that we need an additional 30 days to resolve the grievance. We will resolve all grievances and appeals within 60 days from the date that we receive them.

Delta Dental's grievance committee consists of a consultant chosen by Delta Dental, a representative of Delta Dental management, Delta Dental's claim administrator, and a policyholder who is not a Delta Dental employee.

In Urgent Care Situations:

If you disagree with the way Delta Dental handled a situation that needed immediate dental attention, you can send us an urgent care grievance. We will accept an urgent care grievance from you, a person covered under the policy, or a representative, in writing, in person, or by telephone. Grievances can be directed to:

Delta Dental
P.O. Box 103
Stevens Point, WI 54481-0103
888-899-3734

Resolution Process

If we can't resolve an urgent care grievance informally within 48 hours after receiving it, you, a covered person, or a representative may appear before our grievance committee to present your information and ask questions of the committee. We will resolve an urgent care grievance within 72 hours of the time we receive it.

Terminating This Policy

Mid-Term Termination by Policyholder

When you buy this policy you are committing to keeping it for at least 12 months. You can terminate this policy sooner only for the following reasons:

1. You become covered under a group dental plan offered at work. If anyone else covered under this policy becomes covered under a group plan, they may be terminated without terminating the entire policy.
2. Someone covered under this policy enters hospice care or dies. If you enter hospice care or die, anyone else covered under your policy who meets eligibility standards may choose to continue the policy. If a covered person other than you enters hospice care or dies, you can terminate their coverage.
3. Your dentist is no longer a provider in either the Delta Dental PPO or Delta Dental Premier networks.
4. Anyone covered under this policy enters full-time United States military service. If you enter military service, you can terminate the policy or continue the policy for people covered on this policy other than yourself. If a person covered under this policy other than you enters military service, you may terminate their coverage.

You must tell us in writing (either electronically or through the mail) within 30 days of the date that any of the above events occur and you want us to terminate your dental insurance. If you do, we will refund your unused premium.

Mid-Term Termination by Delta Dental

We can terminate your policy before renewal for the following reasons:

1. You don't pay the premium when it's due.
2. You or a covered dependent commits fraud or lies about something having to do with your dental insurance.
3. Someone other than you or a covered dependent uses your dental insurance.
4. You or a covered dependent doesn't comply with the policy, or are no longer eligible.

If we terminate your dental insurance, we will refund your unused premium.

Nonrenewal

This policy will automatically renew. If you don't want to renew this policy, send us written notice (either electronically or through the mail) before the policy's renewal date. If you do, this policy will end on the last day before the renewal date. We can nonrenew this policy by sending you written notice (either electronically or through the mail) at least 60 days before the renewal date. If we do, this policy will end on the last day before the renewal date.

Effective Date of Termination

All insurance for you and/or other people covered under this policy stops on the date this policy is terminated. That date is the last day of the month of:

1. The day following the grace period, if the premium hasn't been paid; or
2. The date when we receive a termination request from you, or any later date stated in your request; or
3. The last day before the renewal date if either we or you don't renew this policy; or
4. The date of your death if no one else covered under this policy wants to continue the policy; or
5. The date of death of a person covered under this policy other than yourself, but only for that person; or
6. Your current policy period if you move out of Wisconsin. This applies to anyone covered under this policy.

If your coverage under this policy is terminated for any reason, and not reinstated by us prior to the coverage expiration date, you cannot sign up for a Delta Dental individual policy for 24 months from the date of termination.

Termination for Fraud

If anyone covered under this policy commits fraud or lies about something having to do with your dental insurance, we may terminate your coverage back to its original effective date. If we do that, we'll give back the premium you paid us minus any claims we paid. If the claims we paid are more than the premium you paid, you have to pay us the difference.

Delta Dental's Liability

We are not responsible for the actual care you receive from anyone. This policy does not give anyone any claim, right, or cause of action against us based on what a provider of dental care, services or supplies does or doesn't do.

Rights Of Recovery (Subrogation)

If we pay benefits under this policy, and you are paid by someone else for the same procedures we pay for, we have the right to recover what we paid. You have to sign and deliver to us any legal papers relating to the recovery.

Notices

Any notice sent to Delta Dental must be sent in writing (either electronically or through the mail). It's considered delivered when sent to us at the e-mail address shown below; when given in person; or when sent registered or certified United States mail, return receipt requested, proper postage prepaid, and properly addressed to:

Delta Dental
P.O. Box 103
Stevens Point, WI 54481-0103

Email: customerservice@deltadentalcoversme.com

Governing Law

This policy is issued and delivered in the State of Wisconsin and obeys its laws and regulations. If it conflicts with any of Wisconsin's laws and regulations it will automatically conform to the state's minimum requirements.

Nonwaiver And Severability

If we don't exercise any remedy or right under this policy, that doesn't affect our ability to exercise any remedy or right at any time in the future.

Entire Contract; Changes

The entire contract of insurance between you and us consists of this policy, the declaration page, limitations, fixed patient copayments, and any and all endorsements and riders.

No oral statements by anyone can change or affect any aspect of this policy.

Notice Of Legal Action

No legal action can be brought against us until at least 60 days after proof of loss has been furnished, or that proof of loss has been waived, or we have denied payment, whichever comes earlier.

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? – If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Delta Dental of Wisconsin, Inc.

P.O. Box 103

Stevens Point, WI 54481

888-899-3734

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can file a complaint electronically with the **OFFICE OF THE COMMISSIONER OF INSURANCE** at its website **<http://oci.wi.gov>**, or by contacting:

OFFICE OF THE COMMISSIONER OF INSURANCE

Office of the Commissioner of Insurance

Complaints Department

P.O. Box 7873

Madison, WI 53707-7873

800-236-8517

608-266-0103

Nondiscrimination and Language Assistance Services

Delta Dental complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats) Provides free language and service to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, contact Delta Dental's Customer Service at: 1(888)899-3734, TTY: 711.

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, Ph: 1(715)344-6087, TTY: 711, Fx: (715) 344-9058 or by email at: 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, 800537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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| Shqip (Albanian) | KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-899-3734 (TTY: 711). |
| አማርኛ (Amharic) | ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-899-3734 (መስማት ለተሳናቸው፡ 711)፡ |
| العربية (Arabic) | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711-(رقم هاتف الصم والبكم: 1-888-899-3734). |
| Ikirundi (Bantu – Kirundi) | ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-888-899-3734 (TTY: 711). |

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| বাংলা (Bengali) | লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৮৮-৮৯৯-৩৭৩৪ (TTY: ১-৭১১)। |
| မြန်မာ (Burmese) | သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-888-899-3734 (TTY: 711) သို့ ခေါ်ဆိုပါ။ |
| ខ្មែរ (Cambodian) | ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ថ្ងៃ ថ្ងៃស័ព្ទ 1-888-899-3734 (TTY: 711)។ |
| tsalagi gawonihisdi (Cherokee) | Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1 – 888-899-3734 (TTY: 711) |
| 繁體中文 (Chinese) | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-899-3734 (TTY：711) |
| Oroomiffa (Oromo) | XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-899-3734 (TTY: 711). |
| Français (French) | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-899-3734 (ATS : 711). |
| Kreyòl Ayisyen (French Creole) | ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-899-3734 (TTY: 711). |
| Deutsch (German) | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-899-3734 (TTY: 711). |
| λληνικά (Greek) | ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-899-3734 (TTY: 711). |
| ગુજરાતી (Gujarati) | સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-899-3734 (TTY: 711). |
| हिंदी (Hindi) | ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-899-3734 (TTY: 711) पर कॉल करें। |

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| Hmoob (Hmong) | LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-899-3734 (TTY: 711). |
| Bahasa Indonesia (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: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-899-3734 (TTY: 711). |
| 日本語 (Japanese) | 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-899-3734 (TTY:711) まで、お電話にてご連絡ください |
| 한국어 (Korean) | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-899-3734 (TTY: 711)번으로 전화해 주십시오. |
| èdè Yorùbá (Yoruba) | AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-899-3734 (TTY: 711). |
| Igbo asusu (Ibo) | Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-899-3734 (TTY: 711). |
| ພາສາລາວ (Lao) | ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-899-3734 (TTY: 711). |
| Diné Bizaad (Navajo) | D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad , saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-888-899-3734 (TTY: 711.) |
| नेपाली (Nepali) | ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-888-899-3734 (टिटिवाइ: 711)। |
| Thuɔŋjaŋ (Nilotic – Dinka) | PID KENE: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atɔ̄ kuka lëu yök abac ke c'in wënh cuatë piny. Yuopë 1-888-899-3734 (TTY: 711) |
| Deutsch (Pennsylvani a Dutch) | Wann du [Deutsch (Pennsylvania German / Dutch)] schwetztscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-899-3734 (TTY: 711). |
| ی‌س‌ر‌ا‌ف (Farsi) | توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-899-3734 (TTY: 711) تماس بگیرید. |
| Polski (Polish) | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-899-3734 (TTY: 711). |

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| Português (Portuguese) | ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-899-3734 (TTY: 711). |
| ਪੰਜਾਬੀ (Punjabi) | ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-899-3734 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। |
| Русский (Russian) | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-899-3734 (телетайп: 711). |
| Srpsko-hrvatski (Serbo-Croatian) | OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-899-3734 (TTY- Telefon za osobe sa oštećenim govornom ili sluhom: 711). |
| Español (Spanish) | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-899-3734 (TTY: 711). |
| Kiswahili (Swahili) | KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata huduma za lugha, bila malipo. Piga simu 1-888-899-3734 (TTY: 711). |
| ܐܺܪܡܝܳܬܽܘܢܶܐ (Assyrian) | ܠܥܒܪܗܿܡܵܐ: ܚܕܰܐܟܱܡܸܐ ܕܦܨܠܝܼܬܹܐ ܕܠܻܩܘܣܲܬܴܐ، ܚܕܰܐܟܱܡܸܐ ܕܦܨܠܝܼܬܹܐ ܕܠܻܩܘܣܲܬܴܐ. ܠܦܠܒܝܼܬܳܐ ܕܠܥܒܪܗܿܡܵܐ ܕܦܨܠܝܼܬܹܐ ܕܠܻܩܘܣܲܬܴܐ ܕܠܦܠܒܝܼܬܳܐ ܕܠܥܒܪܗܿܡܵܐ ܕܦܨܠܝܼܬܹܐ ܕܠܻܩܘܣܲܬܴܐ ܕܠܦܠܒܝܼܬܳܐ ܕܠܥܒܪܗܿܡܵܐ ܕܦܨܠܝܼܬܹܐ ܕܠܻܩܘܣܲܬܴܐ. 1-888-899-3734 ܕܠܦܠܒܝܼܬܳܐ ܕܠܥܒܪܗܿܡܵܐ ܕܦܨܠܝܼܬܹܐ ܕܠܻܩܘܣܲܬܴܐ (TTY: 711) |
| Tagalog (Tagalog – Filipino) | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-899-3734 (TTY: 711). |
| ภาษาไทย (Thai) | टीशन: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-899-3734 (TTY: 711). |
| اُردُو (Urdu) | خبردار! اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-899-3734 (TTY: 711). |
| Українська (Ukrainian) | УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-899-3734 (телетайп: 711). |
| Tiếng Việt (Vietnamese) | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-899-3734 (TTY: 711). |