



Hello.

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

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

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

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

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



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Quality coverage for your smile

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

Dental benefit highlights

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

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

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

Plan options

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

Delta Dental Premier® plan

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

Delta Dental PPOSM plans

The PPO plan is only available to members residing and living in the Anchorage and Mat-Su Valley for 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 balance billing.

Delta Dental Premier Healthy Smiles plan

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

Delta Dental Premier Preventive Alaska Mandated Plan

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

Delta Dental networks go where you go

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

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

Is my dentist in the network?

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

2018 dental networks

Delta Dental Premier Network

Wherever members go, their Delta Dental of Alaska benefits go with them. This is the largest dental network in Alaska and nationally. It includes three out of every five providers in Alaska and over 152,000 Delta Dental Premier dentists nationwide, serving 50 states, the District of Columbia and Puerto Rico.

Delta Dental PPO Network

The preferred provider option (PPO) dental network in Anchorage and the Mat-Su Valley includes over 170 participating providers and offers access to over 104,000 Delta Dental PPO dentists nationwide.

Choose and enroll in your 2018 plan

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

Enrollment

You can enroll in our dental plans during open enrollment or during a special enrollment, if you qualify. For 2018 plans, visit ShopModaPlans.com to pick the dental plan you like.

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

After you enroll

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

Questions?

Our friendly and knowledgeable team members are here to help. Call us at 907-278-2628, Monday through Friday, 6:30 a.m. to 4:30 p.m. Alaska Time. TTY users, please call 711.

Follow these simple steps to enroll



Confirm your eligibility

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

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



Find the plan you like

Browse and compare our 2018 dental plans in this brochure or at ShopModaPlans.com. The website also explains how health plans, healthcare reform and federal financial assistance work – so take a look!

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



Enroll at ShopModaPlans.com

Starting Nov. 1, 2017, visit ShopModaPlans.com to enroll in 2018 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.

Unless you qualify for special enrollment, be sure to enroll before open enrollment ends, Dec. 15, 2017.



2018 Dental plan benefit table

	Delta Dental Premier®		Delta Dental PPO SM 1000				Delta Dental PPO SM 1500				Delta Dental Premier® Healthy Smiles	
	Under age 19, members pay	Ages 19+, members pay	Under age 19		Ages 19+		Under age 19		Ages 19+		Under age 19, 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 (under age 19)	\$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 benefit maximum	\$1,000		\$1,000				\$1,500				N/A	
Class 1												
Exams & 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 dentists: No Nonparticipating dentists: Yes		Delta Dental PPO dentists: No	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	Delta Dental PPO dentists: No	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	Delta Dental PPO dentists: No	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	Delta Dental PPO dentists: No	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	

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

² Six-month exclusion period for ages 19 and over if member does not have 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 new policy.

³ 12-month exclusion period for ages 19 and over if member does not have 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 new 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.

2018 Dental plan benefit table

	Delta Dental Premier® Preventive Alaska Mandated Plan	
	Under age 19, members pay	Ages 19+, members pay
Calendar year costs		
Deductible per person	\$25 per person / \$75 per family	
Out-of-pocket maximum per person (under age 19)	N/A	
Annual benefit maximum	\$500	
Class 1		
Exams & X-rays	0% after deductible	0% after deductible
Cleanings	0% after deductible	0% after deductible
Periodontal maintenance	0% after deductible	0% after deductible
Sealants	0% after deductible	0% after deductible
Topical fluoride	0% after deductible	0% after deductible ¹
Space maintainers	0% after deductible ²	Not covered
Class 2		
Oral surgery ³	90% after deductible	90% after deductible
Endodontics ³	90% after deductible	90% after deductible
Periodontics ³	90% after deductible	90% after deductible
Anesthesia ³	90% after deductible	90% after deductible
Restorative fillings ³	90% after deductible	90% after deductible
Class 3		
Restorative crowns ⁴	90% after deductible	90% after deductible
Bridges ⁴	90% after deductible	90% after deductible
Partial and complete dentures ⁴	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	

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

² Space maintainers are not covered for members age 14 or over.

³ Six-month exclusion period for ages 19 and over if member does not have 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 new policy.

⁴ 12-month exclusion period for ages 19 and over if member does not have 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 new 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.

Calculate what you pay each month

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

What affects your premium?

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

How your premium could change

2018 premiums are effective Jan. 1, 2018, through Dec. 31, 2018. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member.

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

Yearly premium updates

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

Dental plan premiums

Plan name	Age 0 – 20	Age 21 – 59	Age 60+
Delta Dental Premier®	\$53	\$42	\$46
Delta Dental PPO SM 1000	\$49	\$39	\$43
Delta Dental PPO SM 1500	\$49	\$46	\$50
Delta Dental Premier® Healthy Smiles	\$53 (ages 18 and under only)	\$0	\$0
Delta Dental Premier® Preventive Alaska Mandated Plan	\$30	\$30	\$30

Premiums effective Jan. 1, 2018 through Dec. 31, 2018

Answers to your questions

What payment methods do you accept?

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

- **Paper bill.** We'll send you a paper bill in the mail every month. You can mail back your payment in the enclosed envelope or initiate payment through 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 initiates around the fifth of the month and typically takes one or two days to post to your account. Your initial payment may initiate on a later date if the enrollment is processed after the fifth of the month. Your premium invoice will be paperless, located in the eBill section of myModa.
- **eBill, our electronic billing service.** Beginning with your plan effective date, you can review your premium invoice and make payments online through myModa, your personalized member website. You will be sent a paper bill and can go online to select paperless billing. You can set up recurring payments or initiate payment each month. Once you receive your member ID card, visit modahealth.com and follow the instructions to create a myModa account.

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 myModa to manage your payment method and set up recurring payments with eBill.

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

Can my employer pay for my individual coverage?

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

Does it matter which dentist I see?

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

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

Can I switch to a different plan at any time?

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

Which dental plans can I purchase through the federal Marketplace?

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

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

Healthcare lingo explained

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

To find even more definitions, visit the Learning Center at ShopModaPlans.com.

Balance billing

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

Coinsurance

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

Deductible

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

Dental annual maximum

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

Marketplace

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

Maximum plan allowance (MPA)

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

Out-of-pocket costs

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

Out-of-pocket maximum

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

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.

Premier dentist

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

Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2018 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 at 907-278-2628.

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. Call us for details.

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 6-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
- 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 at 100 percent, up to a \$150 maximum, for members over age 19
- Scaling and root planing once per quadrant in a 2-year period
- Tooth-colored fillings on back teeth limited to amount allowed for amalgam restoration

Exclusions

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

Moda Health nondiscrimination notice

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

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

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

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

Customer Service,
503-243-2987 or 800-342-0526
(TDD/TTY 711)

If you believe that Moda has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:

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

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

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 to:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD).

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

Moda's efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

