

Group #10000159



City of Salem

Dental Customer Service

888-217-2365, customersupportOR@deltadentalor.com

Customer Service Hours

Monday through Friday, 7:30 a.m. - 5:30 p.m. PST





MEMBER DASHBOARD

Get your benefits on the go

As a member, you have a personalized Member Dashboard that puts the information you need at your fingertips.

What's in the Member Dashboard?

The Member Dashboard is a one-stop resource for all you need to get the most out of your plan, including:



ID cards



Provider search - including DentaQual provider ratings



Explanation of Benefits (EOBs)



Benefits overview



Claim status



Customer service contact information



Healthcare cost estimator


If you don't have a Member Dashboard account, creating one is easy. Go to DeltaDentalOR.com/memberdashboard and click on "Create an Account". Be sure to have your member ID card handy.

OVER →

Access the Member Dashboard on your smartphone

The easiest way to open the Member Dashboard is to add a shortcut on your phone. Anytime you want to access your benefits or resources, just tap the Member Dashboard icon.

On an iPhone

1. Open the browser on your phone and go to DeltaDentalOR.com/memberdashboard
2. From the login screen, tap the Share  icon in the menu at the bottom of the screen
3. From the Share menu (scroll right to see more options), choose “Add to Home Screen”
4. Tap “Add” to confirm

Your phone will now have an icon that says “Login|Member Dashboard.”

On an Android device:

1. On your phone, go to DeltaDentalOR.com/memberdashboard
2. Using the menu (three vertical dots) at the top of the screen, choose “Add to Home screen”
3. Tap “Add” to confirm
4. On the next screen, choose “ADD AUTOMATICALLY” so the icon will be placed on your phone

Your phone will now have an icon that says “Login|Member Dashboard.”

Questions?

We're here to help.
Call us toll-free at
888-217-2365. TTY
users, please call 711.

2025 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

City of Salem

Group ID: 10000159

Constant Plan

Constant Plan	
Calendar year costs	
Calendar year maximum, per member (Class 2 and Class 3)	\$1,800
Calendar year deductible, per member	\$0
Class 1 (Services do not apply to the calendar year max)	
Periodic examinations / X-rays	100%
Prophylaxis (cleanings) / periodontal maintenance	100%
Sealants	100%
Space maintainers	100%
Topical application of fluoride	100%
Class 2	
Restorative fillings	80%
Oral surgery (extractions & certain minor surgical procedures)	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%
Class 3	
Implants	60%
Crowns and other cast restorations	60%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	60%

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.

How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

When the member visits:

Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

Non-Participating Dentists:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.



Delta Dental of Oregon & Alaska

Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

Preventive (Class 1 services)

- **Diagnostic** Routine or comprehensive examinations or consultations covered twice per calendar year. Supplementary bitewing x-rays are covered once in a 12-month period. Complete series x-rays or a panoramic film are covered once every 5 years.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance is covered once in any six-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year. Topical application of fluoride is covered once in any 6-month period for members until age 19. For members age 19 and older, topical application of fluoride is covered once in any 6-month period if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any 5-year period except for evidence of clinical failure.
- **Space Maintainers** are a benefit once per space per quadrant as a lifetime benefit. Space maintainers for primary anterior teeth or missing permanent teeth or for members age 14 or over are not covered.

Basic (Class 2 services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam and composite fillings are covered for all teeth. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 2-year period.

Major (Class 3 services)

- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Occlusal Guard** (night guard) covered at 100% once in a five year period, up to \$200 maximum. Repairs and relines and adjustment of occlusal guard covered once in every 12 month period. Over-the-counter night guards are excluded. Over-the-counter night guards are excluded.
- **Athletic mouth guard** covered at 60%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth except for occlusal guards.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in the dentist's office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed or broken appointments.
- Precision attachments.
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

This is a summary of the dental plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. Dental plans in Oregon provided by Oregon Dental Service dba Delta Dental plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Associations.



Delta Dental orthodontia rider



Delta Dental of Oregon & Alaska

City of Salem

Group ID: 10000159

Adult & Child Ortho 1000

Lifetime maximum	\$1,500
What members pay	
Members age 19+	50%
Members under age 19	50%

Eligible Employees and their covered dependents

How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

Pre-determination

Your dental office can submit a pre-treatment plan to Delta Dental of Oregon on your behalf. We will return it to them indicating the dollar allowance which will be covered by your plan before you go forward with treatment.

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Delta Dental of Oregon & Alaska

ORAL HEALTH, TOTAL HEALTH

Dental benefits that protect more than just your smile

If you are diabetic or pregnant in your third trimester, the Oral Health, Total Health program offers more ways to care for your teeth and mouth — and keep the rest of your body healthy, too.

If you have diabetes

Diabetes increases the risk of cavities, periodontal (gum) disease, tooth loss, dry mouth and infection. If you have been diagnosed with this disease you are eligible for four prophylactic (preventive) cleanings or periodontal maintenance visits per year through our Oral Health, Total Health program. Protect your teeth and gums by enrolling today.

For details on the Oral Health, Total Health program, refer to the dental Member Handbook or visit Member Dashboard, your personalized member website.

If you're pregnant

Pregnant members who have periodontal (gum) disease are more likely to have a premature and underweight baby. Bacteria can enter the bloodstream through the mouth, and the body's response to the infection can trigger early labor.

If you are expecting, you can enroll in the Oral Health, Total Health program to help prevent gum disease. If you've already had two cleanings for the year, you'll be eligible for another cleaning or checkup during your third trimester. This added preventive (prophylactic) visit is covered regardless of normal plan frequency limits. That way, you can receive a dental cleaning during the third trimester, no matter what.

Learn more and enroll

To enroll in the Oral Health, Total Health program, fill out the form on the reverse side of this sheet or access the form online by logging in to Member Dashboard. Once you've signed in, simply click on "Oral Health, Total Health" in the myHealth tab.

Questions?

We're here to help.

For questions, call our dental services team toll free.

Oregon: 888-217-2365

Alaska: 888-374-8906

OVER →

Oral Health, Total Health enrollment form

To enroll in our Oral Health, Total Health program, please follow the instructions below.

For expectant members, enrolling is a one-step process

If you are pregnant, you can enroll in the Oral Health, Total Health program by calling Delta Dental Customer Service after you have scheduled your third trimester cleaning appointment. Be sure to tell us the date of your appointment. It's that easy.

For diabetics, enrolling is as easy as 1-2-3

- 1 Complete the form below.
- 2 Include proof of diagnosis.
- 3 Mail or fax both to Delta Dental.

Section 1: Insurance information

If you are diabetic and wish to enroll in the Oral Health, Total Health program, complete this enrollment form and fax it — along with proof of diagnosis.

Member name	Subscriber name	Subscriber ID number*
Group (plan) number* 10000122	Group name* Samaritan Health Services	

* Find this information on your ID card and through Member Dashboard.

Section 2: Proof of diagnosis

Please select one of the following:

- I have attached proof of my diabetes diagnosis. *Examples of proof of diagnosis include a doctor's note or a copy of a prescription supporting a diabetes diagnosis.*
- I have Moda Health medical coverage and have had a claim paid by Moda Health for medical or pharmacy services related to my diabetes. We will verify the diagnosis on your behalf.

Section 3: Authorization

I certify that the information above has been truly and accurately recorded.

Signature	Date
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When is it effective?

Your enrollment will be effective the first of the month after we receive and process both your completed Oral Health, Total Health enrollment form and proof of diagnosis.

Ready to submit? Mail or fax this form to Delta Dental:

Mail: Delta Dental, 601 S.W. Second Ave., Portland, OR 97204 **Fax:** 503-765-3297

Use Find Care to locate a dental provider near you

Our provider directory tool can help you save money when seeking care.

Find Care, our online provider directory tool, makes it easy for you to locate an in-network provider by name, provider type, specialty, network, location, gender identity, DentaQual provider ratings and more. Plus, finding an in-network dental provider that's right for you can also save you out-of-pocket costs.

How to find a provider

1. Visit deltadentalOR.com.
2. Under the "Online Tools" drop-down menu, select "Find a dentist".
3. Choose the "In Oregon or Alaska" link or "Outside of Oregon and Alaska" link depending on the state you live in.
4. Under network, choose the Delta Dental PPO or Delta Dental Premier network, which can be found on your member ID card.
5. Under location, enter in a city, state or zip code, and then search.
6. A list of providers will be shown for the area you searched. This list will also include DentaQual dental provider ratings, if available, so you can review providers based on care and performance metrics.

Save costs when you choose in-network care

Getting quality care is easier and more affordable when you see "in-network" dental providers. These providers agree to accept your insurance at lower rates and meet quality standards. Choosing an in-network dental provider keeps your out-of-pocket costs low.

In-and out-of-network costs

It's important to know you may pay more for services from out-of-network dental providers than from in-network providers. If you choose an out-of-network provider, your benefits only cover a percentage of the maximum plan allowance for these services. Out-of-network providers may also bill you for the difference between the maximum plan allowance and their billed charges. This is known as balance billing. In-network dental providers can't do this. Please see your plan summary or your Member Handbook to learn more about in-network and out-of-network benefits and costs.

Questions?

We're here to help. For questions or help finding a provider, please contact the Delta Dental Customer Service team at 888-217-2365.

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



DENTAL BENEFITS

An additional benefit when you need it: The Special Health Care Needs Benefit from Delta Dental

Delta Dental members (children and adults) with qualifying special healthcare needs, now have access to additional benefits.

Seeing the dentist can be overwhelming for a person with special health care needs. In the U.S., 6.5 million people with disabilities can't access necessary dental care, despite being at a higher risk for oral health issues. We're working to change that.

Starting January 1, 2024, Delta Dental of Oregon & Alaska is introducing additional benefits for members with special health care needs. These benefits will reduce barriers to getting dental care and help make dentist visits a more positive experience, because everyone deserves a healthy smile.

What are special health care needs?

As defined by the American Academy of Pediatric Dentistry, special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive or emotional impairment or limiting condition requiring medical management, health care intervention and/or use of specialized services or programs. The condition may be congenital, developmental or acquired through disease, trauma or environmental causes, and may impose limitations in performing daily self-maintenance activities or substantial limitation in a major life activity.

OVER →

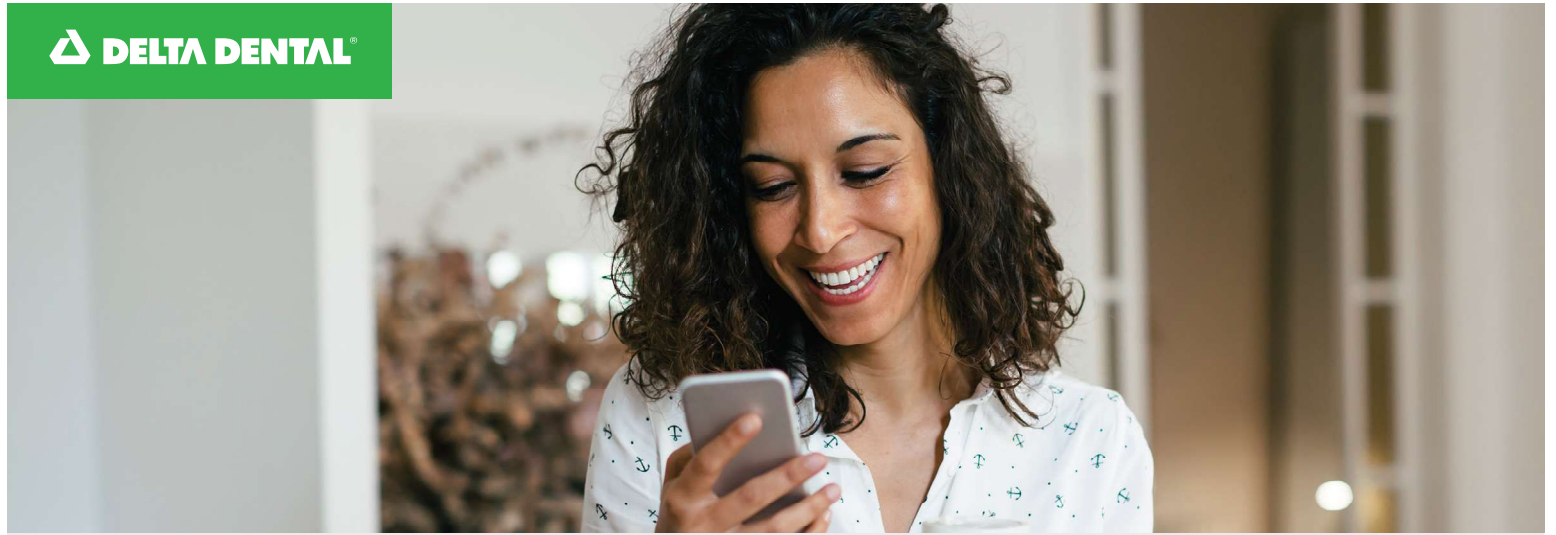
What is included in the enhanced benefit?

- Additional exams and/or consultations.
- Up to four dental cleanings in a benefit year.
- Treatment delivery modifications to help dental staff provide oral health care for patients with sensory sensitivities, behavioral challenges, severe anxiety or other barriers to treatment.

How do I get these benefits for myself/my spouse/my dependent?

Call the Delta Dental Customer Service team at **888-217-2365** for Oregon or **888-374-8906** for Alaska.

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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)



DENTAL TOOLS

Manage your dental health easily, in one location

As a Delta Dental member, you have access to a complimentary set of dental tools within an online dashboard to help you manage your dental health.

Find a great dentist

Search for a top-rated professional near you using the Dentist Finder tool. It lets you pick the location, language, evening and weekend hours, and other helpful items.

Check treatment costs

If you think you might need a dental procedure, our dental tools can help you plan. You can use the Cost Calculator to easily check the cost of common procedures, and see if there are ways to save money. No more surprises at your dentist's office!

See your risks

Activate the Risk Assessments tool to discover your personal risk for tooth decay, cavities and gum disease.

Visit now

Log in to your member dashboard on our website and click on the "Dental Tools" tab at the top of the page.

If you do not have an account, you can create one by clicking on "Create an Account" within the login box and inputting your member ID.

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Stay active and fit for less

Staying fit is important to your overall health and well-being. Joining a gym can help you add more physical activity to your day.

Join a gym for \$28 a month!

As a Moda Health or Delta Dental member, you have access to the Active&Fit Direct program. With memberships starting at \$28 a month, you can choose from over 12,200 participating gyms nationwide.

The program offers:

- A free guest pass to try out a gym before joining
- A robust online library of on-demand workout videos
- Access to online directory maps and a health club locator from any device
- Online tracking from a variety of wearable fitness devices, apps and exercise equipment

Ready to join?

Log in to your Member Dashboard account.

1. Select the Fitness Tools tile on the homepage
2. Select Discounted Gym Membership

Members should contact their gym of choice before signing up to see if there are any additional membership conditions or requirements.

Initial enrollment in the standard network of gyms is \$84. This includes an enrollment fee and covers the first two months.

Costs for premium exercise studios exceed \$28/mo. and an enrollment fee will apply for each premium location selected.

A two-month commitment is required.

Applicable taxes may apply.

Additional terms and conditions apply. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH. Active&Fit Direct and the Active&Fit Direct logos are trademarks of ASH and used with permission herein.



 MEMBER ID CARDS

Online or in your wallet, your member ID card has you covered.

To use your benefits, just have your member ID card ready. It shows your member and group numbers, along with other important details. Hand it to your provider whenever you go in for care.

New member?

If you just joined us, welcome. We're thrilled to partner with you along your health journey. We'll mail you an ID card right away. We suggest you keep it in your wallet or purse.

View your card online

It's easy to access your ID card from a computer or smartphone, too. Here's how:

On your Member Dashboard

Log in to your Member Dashboard on our website and click on the "ID card" tile to access a PDF version of your card.

Don't have an account? Create one in seconds. With your member ID

handy, visit our website and follow the instructions to enter your information. You'll love everything you can do — check your benefits, review claims, see your Member Handbook, and more.

On the mobile ID app

Access your digital ID card on a smartphone or tablet by downloading the "Moda Health eCard" app. To sign in, use the mobile PIN listed on your online ID card (within Member Dashboard) and your subscriber ID.

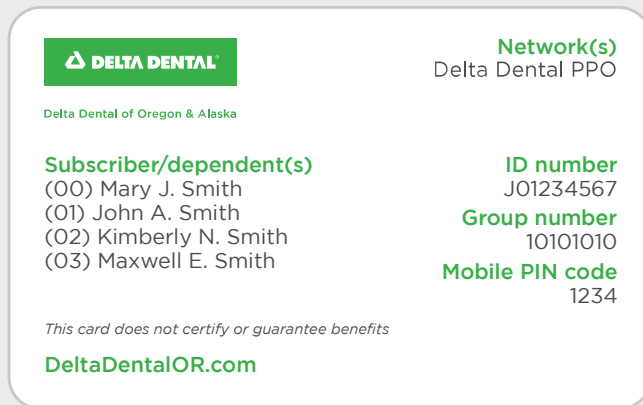
We hope these digital options make getting care a little easier.

OVER →

What does my ID card look like?

Each card is a little different. Your card includes your member ID number and plan provider network. If you have a group plan, the card might also have your employer's logo. Most cards look something like this:

Front



DELTA DENTAL
Delta Dental of Oregon & Alaska

Subscriber/dependent(s)
(00) Mary J. Smith
(01) John A. Smith
(02) Kimberly N. Smith
(03) Maxwell E. Smith

Network(s)
Delta Dental PPO

ID number
J01234567

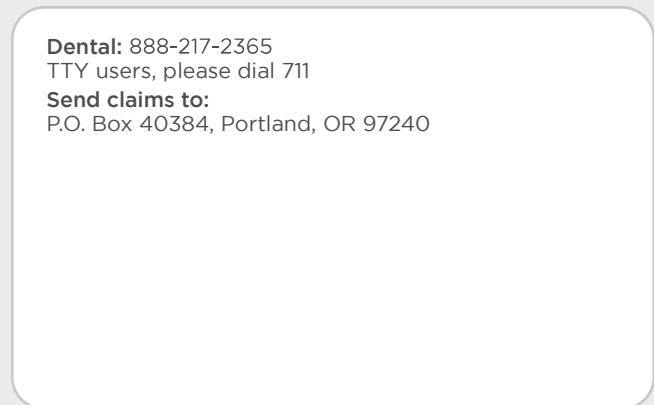
Group number
10101010

Mobile PIN code
1234

This card does not certify or guarantee benefits

DeltaDentalOR.com

Back



Dental: 888-217-2365
TTY users, please dial 711

Send claims to:
P.O. Box 40384, Portland, OR 97240

Questions?

We're happy to help.
Just call our customer
service team at
888-217-2365

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



PASSPORT DENTALSM

Take your smile on the road

No matter where in the world you roam, Passport DentalSM gives you access to great care through your dental plan.

In the states

Wherever you go, your dental plan benefits go with you. Our network, Delta Dental, lets you access over 2,300 dentists in Oregon and over 153,000 dentists across the country. You can choose any licensed dentist, but if you work with a dentist in the network, you'll get great care and better plan benefits.

To find a dentist in the U.S., visit our website and click Find Care. Then, search for dentists in all other states. Or, you can call AXA Assistance toll-free at 888-558-2705, 24 hours a day, seven days a week. Just say you're a Delta Dental plan member. An operator will connect you with a dentist in a flash.

Beyond borders

Whether you're traveling to Australia or Zimbabwe, AXA Assistance is there to help you find quality care. Call them collect at 312-356-5971 any time and tell them you're a Delta Dental plan member.

Please keep in mind that dentists outside of the U.S. are not considered contracted dentists. Nonparticipating and/or out-of-network coverage limits will apply.

OVER →

Find a dentist

Inside the U.S.:

Call toll-free at 888-558-2705

Outside the U.S.:

Call collect at 312-356-5971 and tell the operator you are a Delta Dental member.

How do I submit a claim?

When traveling outside the U.S., pay for your treatment and request an itemized receipt. Submit your receipt to us for reimbursement after you get home. For faster payment, make sure you include:

- The dentist's name and address, including country
- Member's name and date of birth
- A description of services performed
- Tooth number(s) and tooth surface(s) treated
- Individual charge for each service, and whether those charges were billed in U.S. dollars or another currency

You'll be paid back according to your plan benefits. Please check your Member Handbook for benefit details.

Questions?

We're here to help. Call our dental services team toll-free.

Oregon: 888-217-2365

Alaska: 888-374-8906

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

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, 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:

888-217-2365 (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:

Delta Dental of Oregon and Alaska
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

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

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

DeltaDentalAK.com | DeltaDentalOR.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).

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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 مجانًا. اتصل برقم (الهاتف النصي): 1-877-605-3229 (711)

ہوئے ہیں تو سانی (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 (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。

အကူအညီ: ဤတမ်း (အမျိုးအစားနှင့် အမျိုးအမည် မရှိသော) အခမဲ့ ဤတမ်း အမျိုးအမည် တစ်ခုခုကို မိမိတို့ ဝန်ဆောင်မှု မရှိမည် ဖြစ်ပါသည်။ 1-877-605-3229 (TTY: 711) နှင့် ဆက်သွယ်ပါ။

ໂປດຊາຍ: 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)

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

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

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

IPANGAG: Nu agsasaoka iti Ilocano, 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)