

DELTA DENTAL PPOSM

Pediatric Basic Plan
for Small Businesses

A healthy mouth starts here.
Get covered. Save money. Smile bright.



Why choose this plan?

- Checkups, cleanings and x-rays covered
- Large network for maximum savings
- Visit any licensed dentist
- No ID card needed
- Easy claims
- Find plan information, claims, dentists and ID cards using a smartphone or PC

SMILE HEALTHY

Get the coverage enrollees need and access to the largest number of network dentists nationally with Delta Dental PPO.^{1, 2} Our easy-to-use plan helps keep smiles healthy. Learn more and purchase today!

GO PPO!

A Delta Dental PPO plan gives enrollees access to a network of dentists who've agreed to keep costs low. And since four out of five dentists nationally are participating dentists, enrollees may already be visiting a network dentist.

Delta Dental PPO covers checkups, cleanings and x-rays to help keep smiles bright. It covers lots of other great services, too. After enrollees satisfy the plan's deductible, they'll be responsible for a coinsurance percentage, which is their share of the charges — Delta Dental pays the rest.³

Delta Dental Insurance Company

1130 Sanctuary Parkway
Alpharetta, GA 30009

Customer Service

800-471-0236

Claims Address

P.O. Box 1809
Alpharetta, GA 30023-1809

deltadentalins.com





Dental is important...

Give employees peace of mind with a Delta Dental PPO plan. The right coverage can help them protect their smiles and their wallets.

More ways to save

Visit a Delta Dental PPO dentist.

Enrollees usually pay less when they visit a PPO network dentist. Enrollees can go to the Find a Dentist tool on our home page to search for a PPO dentist. (We offer results by mobile device location too!) Our large network makes it easy to find a convenient participating dentist.

For additional choice, our Delta Dental Premier® dentists offer enrollees another way to save. These dentists are not “in-network,” but enrollees will usually pay less than if they visit a non-Delta Dental dentist.

Easy to use

No ID card needed.

Enrollees can simply provide the dental office their name, date of birth and social security or enrollee identification number. No ID card is required. Or they can log in on their smartphone or mobile device and display their mobile ID card.

Claims are a breeze.

Enrollees pay only their portion of the bill for services when they visit a Delta Dental dentist; we take care of the rest. After a claim is processed, we provide enrollees a statement that explains the services provided and their share of the cost. Increase the convenience by signing up for paperless statements.

Quick and easy online information

Enrollees can manage their accounts online wherever they are — work, home or on the go. Our tools help enrollees access plan information, view claims, find dentists and display ID cards.

Support healthy habits

Access to the SmileWay® Wellness Program

Check out our great oral health resources! They can help your employees stay informed and stay healthy. SmileWay offers risk assessment quizzes, articles, videos, fun stuff for kids and a subscription to *Grin!*, our free dental wellness e-magazine.

Coverage for peace of mind

Skipping preventive care can lead to more expensive treatment that could easily cost more than a full year's premium (and could contribute to lost time at work). A Delta Dental PPO plan can help your employees and their families stay healthy and avoid more costly care.

¹ In Texas, Delta Dental Insurance Company underwrites a Dental Provider Organization (DPO) plan.

² NetMinder Dental Network Trend Report, March 2016. Based on total unique dentists nationwide.

³ Enrollees are responsible for amounts for non-covered services. For adult benefits, once the plan maximum is reached, all charges are the responsibility of the patient.

This benefit information is only a summary and not intended or designed to replace or serve as the plan's Group Contract. Please consult the Evidence of Coverage for a complete description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the Evidence of Coverage, the terms of the Evidence of Coverage will prevail.

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Delta Dental PPOSM

Pediatric Basic Plan for Small Businesses

Plan Highlights	Pediatric Benefits (up to age 19)	
Deductibles & Maximums per Contract Year		
Deductible Per enrollee	\$50	
Deductible Waived for Diagnostic and Preventive Services	No	
Annual Maximum Maximum the plan will pay each year for services per person.	None	
Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to in-network services.	\$350 for one pediatric enrollee, \$700 for two or more pediatric enrollees	
Covered Services^{1,2}	<i>Delta Dental pays</i>	<i>Enrollee pays</i>
Diagnostic and Preventive Services	100%	0%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services Medically necessary (requires prior authorization)	50%	50%
Waiting Period(s)	None	

¹ Reimbursement to dentists is based on contracted fees. Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Please refer to your plan Policy or Evidence of Coverage for complete limitations and exclusions for this plan.

² Coverage may not be available in all areas. Service area coverage and/or restrictions are listed in the limitations and exclusions.

Services, Limitations and Exclusions

Description of Dental Services

Delta Dental will pay or otherwise discharge the Contract Benefit Level shown in Attachment A for Essential Health Benefits when provided by a Provider and when necessary and customary under generally accepted dental practice standards and for medically necessary Orthodontic Services. Orthodontic treatment is a benefit of this dental plan only when medically necessary as evidenced by a severe handicapping malocclusion and when a prior authorization is obtained. Severe handicapping malocclusion is not a cosmetic condition. Teeth must be severely misaligned causing functional problems that compromise oral and/or general health. Benefits for medically necessary orthodontics will be provided in periodic payments based on continued enrollment.

- **Diagnostic and Preventive Services**

- (1) Diagnostic: procedures to aid the Provider in determining required dental treatment.
- (2) Preventive: cleaning (periodontal cleaning in the presence of inflamed gums is considered to be a Basic Benefit for payment purposes), topical application of fluoride solutions, space maintainers.
- (3) Sealants: topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in permanent molars for the purpose of preventing decay.
- (4) Specialist Consultations: opinion or advice requested by a general dentist.

- **Basic Services**

- (1) General Anesthesia or IV Sedation: when administered by a Provider for covered Oral Surgery or selected endodontic and periodontal surgical procedures.
- (2) Periodontal Cleanings: periodontal maintenance.
- (3) Palliative: emergency treatment to relieve pain.
- (4) Restorative: amalgam and resin-based composite restorations (fillings) and prefabricated stainless steel restorations for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of decay).

- **Major Services**

- (1) Crowns and Onlays/Inlays: treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam or resin-based composites.
- (2) Prosthodontics: procedures for construction of fixed bridges, partial or complete dentures and the repair of fixed bridges; implant surgical placement and removal; and for implant supported prosthetics, including implant repair and recementation.
- (3) Oral Surgery: extractions and certain other surgical procedures (including pre-and post-operative care).
- (4) Endodontics: treatment of diseases and injuries of the tooth pulp.
- (5) Periodontics: treatment of gums and bones supporting teeth.
- (6) Denture Repairs: repair to partial or complete dentures, including rebase procedures and relining.
- (7) Night Guards/Occlusal Guards: intraoral removable appliances provided for treatment of harmful oral habits.

Limitations

- (1) Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services". Optional Services also include the use of specialized techniques instead of standard procedures.

If an Enrollee receives Optional Services, an alternate Benefit will be allowed, which means Delta Dental will base Benefits on the lower cost of the customary service or standard practice instead of on the higher

cost of the Optional Service. The Enrollee will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

- (2) Claims shall be processed in accordance with Delta Dental's standard processing policies. The processing policies may be revised from time to time; therefore, Delta Dental shall use the processing policies that are in effect at the time the claim is processed. Delta Dental may use dentists (dental consultants) to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices and to determine if treatment has a favorable prognosis.
- (3) If a primary dental procedure includes component procedures that are performed at the same time as the primary procedure, the component procedures are considered to be part of the primary procedure for purposes of determining the benefit payable under this Contract. If the Provider bills separately for the primary procedure and each of its component parts, the total benefit payable for all related charges will be limited to the maximum benefit payable for the primary procedure.
- (4) Exam and cleaning limitations
 - a) Delta Dental will pay for oral examinations (except after hours exams and exams for observation) and routine cleanings no more than once every six (6) months. Periodontal maintenance in the presence of inflamed gums are limited to four (4) times in a 12-month period. Up to four (4) periodontal maintenance procedures and up to two (2) routine cleanings not to exceed four (4) procedures or any combination thereof in a 12-month period.
 - b) A full mouth debridement is allowed once in a lifetime and counts toward the cleaning frequency in the year provided.
 - c) Note that periodontal cleanings, Procedure Codes that include periodontal cleanings, and full mouth debridement are covered as a Basic Benefit, and routine cleanings are covered as a Diagnostic and Preventive Benefit. Periodontal maintenance is only covered when performed following active periodontal therapy.
 - d) Caries risk assessments are allowed once in 36 months for Enrollees age three (3) to 19.
- (5) X-ray limitations:
 - a) Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series when the fees for any combination of intraoral x-rays in a single treatment series meet or exceed the Accepted Fee for a complete intraoral series.
 - b) When a panoramic film is submitted with supplemental film(s), Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series.
 - c) If a panoramic film is taken in conjunction with an intraoral complete series, Delta Dental considers the panoramic film to be included in the complete series.
 - d) A complete intraoral series and panoramic film are each limited to once every 60 months.
 - e) Bitewing x-rays are limited to once every six (6) months. Bitewings of any type are disallowed within 12 months of a full mouth series unless warranted by special circumstances.
- (6) The fee for pulp vitality tests are included in the fee for any definitive treatment performed on the same date.
- (7) Topical application of fluoride solutions is limited to twice within a 12-month period.
- (8) The removal of a fixed space maintainer is considered to be included in the fee for the space maintainer; however, an exception is made if the removal is performed by a different Provider/Provider's office.
- (9) Sealants are limited as follows:
 - a) to permanent molars if they are without caries (decay) or restorations on the occlusal surface.
 - b) repair or replacement of a Sealant on any tooth within 36 months of its application is included in the fee for the original placement.
- (10) Specialist Consultations are limited to once per lifetime per Provider and count toward the oral exam frequency.
- (11) Delta Dental will not cover replacement of an amalgam or resin-based composite restorations (fillings) within 24 months of treatment if the service is provided by the same Provider/Provider office. Prefabricated crowns are limited to once per Enrollee per tooth in any 60-month period. Replacement restorations within 24 months are included in the fee for the original restoration.

- (12) Protective restorations (sedative fillings) are allowed when definitive treatment is not performed on the same date of service. The fee for protective restorations are included in the fee for any definitive treatment performed on the same date.
- (13) Prefabricated stainless steel crowns are allowed on baby (deciduous) teeth and permanent teeth up to age 16.
- (14) Therapeutic pulpotomy is limited to baby (deciduous) teeth only; an allowance for an emergency palliative treatment is made when performed on permanent teeth.
- (15) Pulpal therapy (resorbable filling) is limited to once in a lifetime and to primary incisor teeth for Enrollees up to age 6 and for primary molars and cuspids up to age 11. Retreatment of root canal therapy by the same Provider/Provider office within 24 months is considered part of the original procedure.
- (16) Apexification is only benefited on permanent teeth with incomplete root canal development or for the repair of a perforation.
- (17) Retreatment of apical surgery by the same Provider/Provider office within 24 months is considered part of the original procedure.
- (18) Fees for additional pins on the same tooth on the same date are considered a component of the initial pin placement.
- (19) Palliative treatment is covered per visit, not per tooth, and the fee for palliative treatment provided in conjunction with any procedures other than x-rays or select Diagnostic procedures is considered included in the fee for the definitive treatment.
- (20) Periodontal limitations:
 - a) Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period.
 - b) Periodontal surgery in the same quadrant is limited to once in every 36-month period and includes any surgical re-entry or scaling and root planing.
 - c) Periodontal services, including graft procedures are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants.
 - d) Periodontal surgery is subject to a 30 day wait following periodontal scaling and root planing in the same quadrant.
 - e) Cleanings (regular and periodontal) and full mouth debridement are subject to a 30 day wait following periodontal scaling and root planing if performed by the same Provider office.
- (21) Collection and application of autologous blood concentrate product are limited to once every 36 months.
- (22) Crowns and Inlays/Onlays are covered not more often than once in any 60 month period except when Delta Dental determines the existing Crown or Inlay/Onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues. Services will only be allowed on teeth that are developmentally mature.
- (23) Core buildup, including any pins, are covered not more than once in any 60 month period.
- (24) Resin infiltration of incipient smooth surface lesions is covered once in any 36 month period.
- (25) When allowed within six (6) months of a restoration, the Benefit for a Crown, Inlay/Onlay or fixed prosthodontic service will be reduced by the Benefit paid for the restoration.
- (26) Prosthodontic appliances, implants and/or implant supported prosthetics (except for implant/abutment supported removable dentures) that were provided under any Delta Dental program will be replaced only after 60 months have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Replacement of a prosthodontic appliance and/or implant supported prosthesis not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory. Services will only be allowed on teeth that are developmentally mature. Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive

treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant within a 60-month period whether provided under Delta Dental or any other dental care plan.

- (27) Debridement and/or osseous contouring of a peri-implant defect, or defects surrounding a single implant, and includes surface cleaning of the exposed implant surface, including flap entry and closure is allowed once every 60-month period.
- (28) An implant is a covered procedure of the plan only if determined to be a dental necessity. If an arch can be restored with a standard prosthesis or restoration, no benefits will be allowed for the individual implant or implant procedures. Only the second phase of treatment (the prosthodontic phase-placing of the implant crown, bridge denture or partial denture) may be subject to the alternate benefit provision of the plan.
- (29) When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.
- (30) Recementation of Crowns, Inlays/Onlays or bridges is included in the fee for the Crown, Inlay/Onlay or bridge when performed by the same Provider/Provider office within six (6) months of the initial placement.
- (31) The initial installation of a prosthodontic appliance and/or implants is not a Benefit unless the prosthodontic appliance and/or implant, bridge or denture is made necessary by natural, permanent teeth extraction occurring during a time the Enrollee was under a Delta Dental plan.
- (32) Delta Dental limits payment for dentures to a standard partial or complete denture (Enrollee Coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means and includes routine post delivery care including any adjustments and relines for the first six (6) months after placement.
 - a) Denture rebase is limited to one (1) per arch in a 36-month period and includes any relining and adjustments for six (6) months following placement.
 - b) Dentures, removable partial dentures and relines include adjustments for six (6) months following installation. After the initial six (6) months of an adjustment or reline, relining are limited to one (1) per arch in a 36 month period.
 - c) Tissue conditioning is not allowed as a separate Benefit when performed on the same day as a denture reline or rebase service.
- (33) Occlusal guards are covered by report for Enrollees age 13 or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular joint dysfunction (TMJD). Occlusal guards are limited to one (1) per 12 consecutive month period. Delta Dental will not cover the repair or replacement of any appliances for Night Guard/Occlusal Guard.
- (34) Limitations on Orthodontic Services
 - a) Services are limited to medically necessary orthodontics when provided by a Provider and when necessary and customary under generally accepted dental practice standards. Orthodontic treatment is a benefit of this dental plan only when medically necessary as evidenced by a severe handicapping malocclusion and when a prior authorization is obtained.
 - b) Orthodontic procedures are a benefit only when the diagnostic casts verify a minimum score of 26 points on the Handicapping Labio-Lingual Deviation (HLD) Index or one of the automatic qualifying conditions below exist.
 - c) The automatic qualifying conditions are:
 - i) Cleft palate deformity. If the cleft palate is not visible on the diagnostic casts written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior authorization request,
 - ii) A deep impinging overbite in which the lower incisors are destroying the soft tissue of the palate,
 - iii) A crossbite of individual anterior teeth causing destruction of soft tissue,
 - iv) Severe traumatic deviation.
 - d) The following documentation must be submitted with the request for prior authorization of services by the Provider:
 - i) ADA 2006 or newer claim form with service code(s) requested;
 - ii) Diagnostic study models (trimmed) with bite registration; or OrthoCad equivalent;
 - iii) Cephalometric radiographic image or panoramic radiographic image;
 - iv) HLD score sheet completed and signed by the Orthodontist; and
 - v) Treatment plan.

- e) The allowances for comprehensive orthodontic treatment procedures (D8080, D8090) include all appliances, adjustments, insertion, removal and post treatment stabilization (retention). No additional charge to the Enrollee is permitted.
- f) Comprehensive orthodontic treatment includes the replacement, repair and removal of brackets, bands and arch wires by the original Provider.
- g) Orthodontic procedures are benefits for medically necessary handicapping malocclusion, cleft palate and facial growth management cases for Enrollees under the age of 19 and shall be prior authorized.
- h) Only those cases with permanent dentition shall be considered for medically necessary handicapping malocclusion, unless the Enrollee is age 13 or older with primary teeth remaining. Cleft palate and craniofacial anomaly cases are a benefit for primary, mixed and permanent dentitions. Craniofacial anomalies are treated using facial growth management.
- i) All necessary procedures that may affect orthodontic treatment shall be completed before orthodontic treatment is considered.
- j) When specialized orthodontic appliances or procedures chosen for aesthetic considerations are provided, Delta Dental will make an allowance for the cost of a standard orthodontic treatment. The Enrollee is responsible for the difference between the allowance made towards the standard orthodontic treatment and the dentist's charge for the specialized orthodontic appliance or procedure.
- k) Repair and replacement of an orthodontic appliance inserted under this dental plan that has been damaged, lost, stolen, or misplaced is not a covered service.

Exclusions

Delta Dental does not pay Benefits for:

- (1) services that are not Essential Health Benefits.
- (2) treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
- (3) cosmetic surgery or procedures for purely cosmetic reasons.
- (4) maxillofacial prosthetics.
- (5) provisional and/or temporary restorations (except an interim removable partial denture to replace extracted anterior permanent teeth during the healing period for children 16 years of age or under). Provisional and/or temporary restorations are not separately payable procedures and are included in the fee for completed service.
- (6) services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to children for medically diagnosed congenital defects or birth abnormalities.
- (7) treatment to stabilize teeth, treatment to restore tooth structure lost from wear, erosion, or abrasion or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, periodontal splinting, or complete occlusal adjustments.
- (8) any Single Procedure provided prior to the date the Enrollee became eligible for services under this plan.
- (9) prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.
- (10) charges for anesthesia, other than general anesthesia and IV sedation administered by a Provider in connection with covered oral surgery or selected endodontic and periodontal surgical procedures. Local anesthesia and regional/or trigeminal bloc anesthesia are not separately payable procedures.
- (11) extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
- (12) laboratory processed crowns for Enrollees under age 12.
- (13) endodontic endosseous implants.
- (14) indirectly fabricated resin-based Inlays/Onlays.

- (15) charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.
- (16) treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.
- (17) charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening, tobacco counseling or broken appointments are not separately payable procedures.
- (18) dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.
- (19) procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.
- (20) any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for Benefits provided under the Contract, will be the responsibility of the Enrollee and not a covered Benefit.
- (21) Deductibles and/or any service not covered under the dental plan.
- (22) services covered under the dental plan but exceed Benefit limitations or are not in accordance with processing policies in effect at the time the claim is processed.
- (23) the initial placement of any prosthodontic appliance or implant, unless such placement is needed to replace one or more natural, permanent teeth extracted while the Enrollee is covered under the Contract or was covered under any dental care plan with Delta Dental. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such denture or fixed bridge must include the replacement of the extracted tooth or teeth.
- (24) services for any disturbance of the temporomandibular (jaw) joints (TMJ) or associated musculature, nerves and other tissues.
- (25) services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) except medically necessary Orthodontics provided a prior authorization is obtained.
- (26) missed and/or cancelled appointments.

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Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 800-471-0236 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 그렇지 않다면, 다른 사람이 대신 읽어드리도록 도와드릴 수 있습니다. 또한 이 문서를 귀하의 모국어로 번역해드릴 수 있습니다. 무료 지원을 요청하시려면, 800-471-0236 (TTY: 711)번으로 연락하십시오. (Korean)

Mababasa mo ba ang dokumentong ito? Kung hindi, mayroong makatutulong sa iyo na basahin ito. Maaaring makuha mo rin ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 800-471-0236 (TTY: 711). (Tagalog)

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هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نُوفّر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك. للمساعدة المجانية اتصل بـ 800-471-0236 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 800-471-0236 (TTY: 711). (Haitian Creole)

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Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 800-471-0236 (TTY: 711). (Polish)

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Non riesci a leggere questo documento? In tal caso, possiamo chiedere a qualcuno di aiutarti a farlo. Potresti anche essere in grado di ricevere questo documento scritto nella tua lingua. Per assistenza gratuita, chiama il numero 800-471-0236 (TTY: 711). (Italian)

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