

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Delta Dental is required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are committed to protecting your health information. This notice is effective on the date your group coverage went into effect.

### Our collection practices

We can and do collect individually identifiable information in connection with your dental services program and we may use such information in making decisions associated with your dental services program. This information is collected from your application, group enrollment form, claims submitted by you or your dentist, direct personal contact, correspondence, telephone, facsimile or electronic communications.

### Uses and disclosures of protected health information

In almost all cases, we may use and disclose protected health information (PHI) for treatment, payment and health care operations such as:

- To communicate with the dentist who provides, coordinates, or manages your care,
- To determine how much or whom we should pay for covered services,
- To assist another Delta Dental plan with your claims for out-of-state services,
- To coordinate benefits with an insurance carrier that provides you the same or similar benefits,
- To assess the quality of care that our participating dentists provide, and
- For case management or to direct or recommend alternative treatments, therapies, providers or provider locations.

In addition, we may use or disclose protected health care information to individuals and entities for the purposes described below:

1. To you. We may use and disclose your PHI to communicate with you for purposes of customer service or to provide you with information you request. We may use and disclose information about you for the access and disclosure accounting purposes described in the “Your Rights” section of this notice.
2. To your family and friends. We may disclose your PHI to a family member, friend or any other person you identify as being involved in your health care or payment for your health care if you agree in advance to the disclosure or we reasonably infer from the circumstances that you do not object to the disclosure. We may also disclose information about you to one of these people if you are not present or if you are unable to provide the required permission because of a medical emergency, accident or similar situation and we determine that disclosure would be in your best interests. In these situations, we may disclose only the PHI directly relevant to the

person's involvement with your health care or payment for health care. We may also disclose your PHI to anyone based on your written authorization (see last paragraph of this section).

3. To your employer or other plan sponsor. In limited circumstances, we may disclose PHI to your employer (or other sponsor of your group dental plan). Specifically, we may disclose to your employer (or other plan sponsor) information about whether you are enrolled in the group health plan. We may disclose summary health information to your employer (or other plan sponsor) for the purpose of responding to a request for a dental services program proposal or to modify, amend or replace your dental services coverage. If your employer (or other plan sponsor) agrees to meet Federal privacy standards, we may disclose more detailed information to the employer (or other plan sponsor) for purposes of administering plan benefits. Please ask your employer (or other plan sponsor) for a more complete explanation of its uses and disclosures of PHI.
4. For underwriting, enrollment, and similar activities. We may receive PHI from you, your insurance agent, your plan sponsor's health benefits consultant or other sources and use or disclose that information for purposes of underwriting, enrollment and other activities related to creating, renewing, or replacing a benefits plan. We may not, however, use or disclose genetic information for underwriting purposes.
5. For research. We may use or disclose PHI for research studies that meet all privacy law requirements.
6. For public health and safety. We may use and disclose PHI to the extent necessary to avert a serious and imminent threat to your health or safety, or the health and safety of others. We may disclose PHI to a government agency (or its contractors) authorized to oversee the health care system or government programs, and to public health authorities for public health purposes. We may disclose PHI to appropriate authorities if we reasonably believe a member might be a victim of crime, domestic violence, abuse, or neglect.
7. Required by law. We may use or disclose PHI to the extent required by law. For example, we may disclose your PHI to the U.S. Department of Health and Human Services if the
  1. department requests information to determine whether we are complying with federal privacy laws. In addition, we may disclose PHI to state insurance and health regulatory authorities conducting state insurance or health examinations or when responding to a complaint that you have filed with these or similar government agencies.
8. Legal proceedings and other processes. We may disclose PHI in response to a court or administrative order, subpoena, discovery request, garnishment, or other lawful proceeding when we meet applicable privacy requirements. We may disclose PHI to a coroner or medical examiner as necessary to perform duties authorized by law. We may also disclose PHI when authorized by workers compensation or similar laws and regulations.
9. Law enforcement. We may disclose PHI for law enforcement purposes. For example, we may disclose specific information about a suspect, fugitive, material witness, crime victim or missing person.

10. Military and national security. We may disclose PHI to military or other government officials for certain purposes required or permitted by law. For example, we may disclose PHI to authorized officers for lawful intelligence, counterintelligence, and other national security activities. Except as described in this notice, we may not use or disclose your PHI without your written authorization.

You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by the authorization while it was in effect. We need your written authorization to use or disclose psychotherapy notes, except in limited circumstances such as when the disclosure is required by law. In most circumstances, we also must obtain your written authorization to sell information about you to a third party or to use or disclose your PHI to send you communications about products and services.

We do not need your written authorization, however, to send you communications about health-related products or services, as long as the products or services are associated with your coverage or are offered by us.

### Your rights

Delta Dental of Colorado believes in a subscriber's right to privacy with regard to their dental services plan records and dental history. We support an individual's right to access their records and information in our possession pertaining to claims submitted for care and services. In accordance with current federal and state regulations, we strive to protect this information and allow access to personal information to the limited extent necessary for treatment purposes, patient knowledge, claim processing, and as otherwise permitted or required by law.

### Request restriction of uses and disclosures of your PHI

You may request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to your request for additional restrictions. If we do agree, however, we will abide by our agreement, except in situations in which the restricted information is necessary for emergency treatment. To be effective, our agreement to further restrictions must be in writing and signed by our Privacy Officer. We may terminate an agreement to further restrictions if we inform you of our termination. The termination will be effective for information created or received after we have informed you of our termination. Contact our Privacy Officer for more information about making a restriction request — see the contact information at the end of this notice.

### Receive confidential communications about your PHI

You may request that we communicate with you confidentially about your PHI by using alternative means or an alternative location for those communications. You must make the request in writing and direct it to the Privacy Officer identified at the end of this notice. We do not have to agree to your confidential communications request unless you advise us in your written request that the current

means and location of communication endangers you. We will accommodate your request if it is reasonable, specifies the alternative means or location, and permits us to collect premiums and pay claims required by your dental services plan.

#### Access your PHI

You have a right to inspect and obtain a copy of your PHI that we maintain in a designated record set (limited exceptions apply). You may designate another person to receive a copy of this information. You must make your request in writing and send it to the Privacy Officer listed at the end of this notice. We may charge a reasonable cost-based fee for copies (in any format) of your PHI that we provide.

#### Amend your PHI

You have the right to ask us to amend PHI about you for as long as we maintain the PHI in a designated record set. You must make the request in writing; direct your request to the Privacy Officer listed at the end of this notice, and explain why we should amend your information. We may deny your request for amendment if (a) we believe the information is accurate and complete, (b) we did not create the PHI that you wish to have amended, or (c) for other reasons permitted by law. If we deny your request, you may ask us to include a statement of disagreement in your records.

#### Request an accounting of disclosures of your PHI

You have a right to receive information about instances in which we (or our business partners) have disclosed your PHI for relatively uncommon purposes, such as for law enforcement or judicial proceedings. We will not, however, account for disclosures we routinely make for purposes such as treatment, payment, or health care operations. You must make your request in writing and direct it to the Privacy Officer identified at the end of this notice. We will provide an accounting of disclosures for up to six years prior to the date of your request. We will provide the first accounting in any 12-month period free of charge. We may impose a reasonable cost-based fee for any subsequent request for an accounting within the same 12-month period.

#### Receive printed notice of our privacy practices

You may request a paper copy of this notice at any time by contacting the Privacy Officer at the end of this notice or print a copy [here](#).

#### Opt out of fundraising communications

Delta Dental does not intend to contact you to raise funds, but if it does engage in fundraising, you have the right to opt out of receiving any fundraising communications.

#### Breach notification

You have the right to be notified of a breach of unsecured protected health information. Delta Dental will provide you the date and description of the information disclosed. You will be notified who the information was disclosed to if we are able. You will be notified by mail within 30 days from the date that we discover the breach.

## Our duties

Federal and State privacy law requires us to make reasonable efforts to ensure the privacy of PHI that we maintain. We are required to provide this notice of our privacy practices, your rights, and our duties with respect to PHI. We must provide you notice of a non-permitted use or disclosure of your unsecured PHI, if the security or privacy of your information has been compromised under applicable State and Federal standards. We will adhere to the privacy practices described in this notice while it is in effect. This notice takes effect **November 1, 2024** or on the date your group coverage went into effect.

We will abide by the terms of the notice currently in effect. We reserve the right to change our privacy practices and the terms of this notice at any time. Any new terms of our notice will be effective for all PHI that we maintain, including PHI that we created or received before we make the changes.

Before we make any material change in our privacy practices, we will change this notice and post the new notice on our website. We will provide a copy of the new notice (or information about the material change and information about how to obtain the new notice) in our next annual mailing to subscribers who are then covered by one of our dental services plans.

We restrict access to personal information to our employees, consultants, and outside vendors who need to know the information to provide products and services to our subscribers. We maintain physical, electronic, and procedural safeguards that comply with federal and state laws to guard against non-permitted and unauthorized disclosures. If you have any questions about our procedures or information maintained about you, please contact us at the address below (be sure to include your name, address, and subscriber identification number).

## Your contact person for privacy matters

For more information about our privacy practices, to exercise your rights under this notice or to file a complaint about a privacy matter, contact our privacy officer at:

Delta Dental of Colorado  
Attention: Privacy Officer  
PO Box 5468  
Denver, CO 80217-5468  
Telephone: 1-800-233-0860  
[HIPAA@ddpco.com](mailto:HIPAA@ddpco.com)

You may also file a complaint with the Department of Health and Human Services, Office for Civil Rights. Information regarding how to file a complaint with this agency can be found online at: [www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html)

There will be no retaliation for filing a complaint.

## Nondiscrimination and Language Assistance Services

### Discrimination is Against the Law

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

#### Delta Dental:

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

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

If you believe that Delta Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Manager  
 PO Box 103  
 Stevens Point WI 54481  
 Phone: 1-715-344-6087, TTY: 711  
 Fax: 1-715-344-9058  
 Email: [compliance\\_wi@deltadentalwi.com](mailto:compliance_wi@deltadentalwi.com).

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

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

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

SHQIP (Albanian)	VINI RE: Nëse flisni [shqip], shërbyme falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-888-899-3734 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit."
አማርኛ (Amharic)	ማሰብሲያ፡- አማርኛ የሚናገሩ ከሆኑ፣ የቶንቁ ድጋፍ እገልግሎት በገዳ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዳዎች እና አገልግሎቶች እንዲሁ በገዳ ይገኛሉ። በስልክ ቁጥር 1-888-899-3734 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።"
العربية (Arabic)	تنبيه: إذا كنت تتحدث اللغة العربية، فستوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل "على الرقم 1-888-899-3734 (711) أو تحدث إلى مقدم الخدمة".
Ikirundi (Bantu – Kirundi)	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-888-899-3734 (TTY: 711).
বাংলা (Bengali)	মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-888-899-3734 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।"
中文 (Chinese)	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-899-3734（文本电话：711）或咨询您的服务提供商。
Cushite (Oromo)	XIYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltidhaan ala, ni argama. Bililaa 1-888-899-3734 (TTY: 711).
Français (French)	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-899-3734 (TTY : 711) ou parlez à votre fournisseur.
Kabuverdianu (French Creole)	ATENÇÃO: Caso fale Kabuverdianu, existem serviços de assistência linguística gratuitos disponíveis. Estão também disponíveis apoios e serviços auxiliares adequados para prestar informações em formatos acessíveis. Ligue 1-888-899-3734 (TTY: 711) ou contacte o seu operador.
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-899-3734 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-888-899-3734 (TTY: 711) ή απευθυνθείτε στον πάροχο σας.
ગુજરાતી (Gujarati)	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા/તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય અંગિકાઓ સહાય અને એક્સિસિબલ ફોર્મટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-899-3734 (TTY: 711) પર કૉલ કરી અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-888-899-3734 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Lus Hmoob (Hmong)	LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntauw ntauw uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-888-899-3734 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.
Igbo asusu (Ibo)	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-899-3734 (TTY: 711).
Indonesian	PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-888-899-3734 (TTY: 711)
Italiano (Italian)	ATTENZIONE: se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-899-3734 (tty: 711) o parla con il tuo fornitore.
日本語 (Japanese)	注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-888-899-3734（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。
한국어 (Korean)	주의: [한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-899-3734 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

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

فارسی (Persian)	دسترس در رایگان زبانی پشتیبانی خدمات، کنیدی صحبت [زبان کردن وارد] اگر: توجه در اطلاعات ارائه برای مناسب پشتیبانی خدمات و ها کمک همچنین. دارد قرار شما 1-888-899-3734 شماره با. باشند می موجود رایگان طور به دسترس قابل های قالب کنیدی صحبت خود دهند (ارائه با یا بگریزید تماس (711): تاپ: 711)
POLSKI (Polish)	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniana są w formie bezpłatnej. Informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-899-3734 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
Portuguese	ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-888-899-3734 (TTY: 711) ou fale com seu provedor.
РУССКИЙ (Russian)	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-899-3734 (TTY: 711) или обратитесь к своему поставщику услуг.
Srpsko-hrvatski (Serbo-Croatian)	OBAVIJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-899-3734 (TTY- Telefon za osobu sa oštećenim govorom ili sluhom: 711).
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-899-3734 (TTY: 711) o hable con su proveedor.

Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-899-3734 (TTY: 711) o makipag-usap sa iyong provider."
ไทย (Thai)	หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-888-899-3734 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ
українська мова (Ukrainian)	УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-888-899-3734 (TTY: 711) або зверніться до свого постачальника».
اردو (Urdu)	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون (1-888-899-3734) (TTY: 711) (امداد اور خدمات بھی مفت دستیاب ہیں۔ - کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt (Vietnamese)	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-899-3734 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
Yoruba	AKIYESI: Ti o ba nso ede Yoruba o fe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-899-3734 (TTY: 711).