Delta Dental of Missouri
Advantica Insurance Company

# 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. **Please review it carefully.**

This Notice pertains to privacy practices for Delta Dental of Missouri and Advantica Insurance Company insured benefit plans. If your plan is self-funded by your employer, you can request a copy of the plan's notice of privacy practices from your employer.

## You have a Right to:

### Get a copy of health and claims records

- You may request a copy of your health and claims records we have about you.
- We will provide a copy or a summary of your health or claims records to you and we may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You may request a correction to your health and claims records if you think they are incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing.

### Request confidential communications

- You may request that we contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You may request that we limit the use of or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request and may say "no" if it would affect your care.

### Get a copy of this privacy notice

- You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you a paper copy.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will verify that the person has the authority to act for you before we take any action.

### Get a list of those with whom we've shared information

- You may request a list (accounting) of who we've shared your health information with and why for up to six years prior to the date you ask.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one free accounting a year but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your privacy rights by contacting:
  **Privacy Officer**
  PO Box 70210
  London, KY 40742
  privacyofficer@deltadentalmo.com
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

## Sharing your Health Information

- We may discuss health information with your spouse or parent of a dependent child if such individual contacts us for assistance with eligibility, coverage, or payment issues; however, you have the right to request that we do not discuss your health information with these individuals for this purpose.
- We will not sell your information or share it for marketing purposes unless you give us written permission, or if the marketing purposes are allowed by law. ***Example***: *We may inform you about health-related products or services*.

## Our Uses and Disclosures

We typically use or share your health information to:

### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you. ***Example***: *We may tell your provider information about your prior treatments so he or she can provide appropriate services for you.*

### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary. ***Example:*** *We use health information about you for underwriting, premium rating, quality control and improvement activities.*
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

### Pay for your health services

- We can use and disclose your health information as we pay for your health services. ***Example:*** *We may share information about you with another plan that covers you to coordinate payment for your treatment.*

### Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration. ***Example:*** *Your company contracts with us to provide a health plan and we provide your company with certain statistics to explain the premiums we charge.*

### Other ways we can use or share your health information

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. Before we share your information, we must comply with the law. For more information see: www.hhs.gov/ocr/privacy/HIPAA/understanding/consumers/noticepp.html.

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

- We can share your health information in response to a court or administrative order or in response to a subpoena.

### Business Associates

- We may share your health information with certain individuals and companies that we contract with to perform functions for us. We require these individuals and companies to protect your information and keep it confidential. ***Example:*** *We may share information with a printing company to print your explanation of benefits.*

### Stop-Loss Insurance

- If you are covered under a group plan, we may share your health information with your employer's stop-loss carrier to pay claims or rate premiums.

### Your Employer

- We will not share information with your employer for purposes of obtaining family medical leave coverage or for job related activities, such as promotion or firing, without your written permission.

### State Law

- When your state's laws have stricter requirements for privacy or security of your health information than federal law, we will follow state law. ***Example:*** Missouri *law requires that we get your written permission before we share particularly sensitive information such as HIV/AIDS status.*

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will promptly let you know if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described in this notice without first obtaining your written authorization. You may revoke your authorization in writing any time; however, your revocation will not be effective for actions already taken in reliance of the authorization.
- We are required to follow the terms of this notice as currently in effect and provide you with a copy of it.

For more information see: www.hhs.gov/ocr/index.html.

### Changes to the Terms of this Notice

If our privacy practices change, we reserve the right to change the terms of this notice and the changes will apply to the health information that we maintain. If this notice is revised, we will post the revised notice on our website. If there is a material change, we will send a copy to the current address we have on file.

Download this Notice - This notice is available online at https://www.deltadentalmo.com/PrivacyHipaa.

**Effective Date -** This notice is effective on July 1, 2026.

Delta Dental of Missouri is doing business in South Carolina as Delta Dental of South Carolina

PN-DVMO-072026

| FACTS | WHAT DOES DELTA DENTAL DO WITH YOUR PERSONAL INFORMATION? |
|---|---|
| **Why?** | Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. |
| **What?** | The types of personal information we collect and share depend on the product or service you have with us. This information can include:<br>• Social Security Number and transaction history<br>• Insurance claim history and medical information<br>• Employment information and demographic information such as address, date of birth, or dependent information<br><br>When you are *no longer* our customer, we continue to share your information as described in this notice. |
| **How?** | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Delta Dental chooses to share; and whether you can limit this sharing. |

| Reasons we can share your personal information | Does Delta Dental share? | Can you limit this sharing? |
|---|---|---|
| **For everyday business purposes --**<br>such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations | Yes | No |
| **For our marketing purposes --**<br>To offer our products and services to you | Yes | No |
| **For joint marketing with other financial companies** | No | We don't share |
| **For our affiliates' everyday business purposes –**<br>information about your transactions and experiences | Yes | No |
| **For our affiliates' everyday business purposes –**<br>information about your creditworthiness | No | We don't share |
| **For nonaffiliates to market to you** | No | We don't share |

| Questions? | If you have questions regarding this notice contact the Privacy Officer at:<br>• Call: 1-800-392-1167<br>• E-mail: privacyofficer@deltadentalmo.com<br>• Mail – Attn: Privacy Officer, Delta Dental of Missouri<br>PO Box 70210, London, KY 40742 |
|---|---|

| Who we are | |
|---|---|
| **Who is providing this notice?** | Delta Dental of Missouri and its wholly owned subsidiary Advantica Insurance Company |
| **What we do** | |
| **How does Delta Dental protect my personal information?** | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. |
| **How do Delta Dental collect my personal information?** | We collect your personal information, for example, when you<br>• Apply for insurance or Pay insurance premiums<br>• File an insurance claim or Use your credit or debit card<br>• Give us your contact information<br>We also collect your personal information from others such as affiliates and other companies such as your health care provider or employer (if you are covered through an employer sponsored plan). |
| **Why can't I limit all sharing?** | Federal law gives you the right to limit<br>• sharing for affiliates' everyday business purposes<br>• affiliates from using your information to market to you<br>• sharing for nonaffiliates to market to you<br>State laws and individual companies may give you additional rights to limit sharing. |

| Definitions | |
|---|---|
| **Affiliates** | Companies related by common ownership or control. They can be financial or non-financial companies.<br>• *Our affiliates include Delta Dental of Missouri, which does business in South Carolina as Delta Dental of South Carolina; and Advantica Insurance Company which is a wholly owned subsidiary of Delta Dental of Missouri* |
| **Nonaffiliates** | Companies not related by common ownership or control. They can be financial or non-financial companies. *Delta Dental does not share with nonaffiliates so they can market to you.* |
| **Joint Marketing** | A formal agreement between non-affiliated financial companies that together market financial products or services to you. *Delta Dental does not engage in joint marketing.* |

DELTA DENTAL

# 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.

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.

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| SHQIP (Albanian) | VINI RE: Nëse flisni [shqip], shërbime 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) | ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-888-899-3734 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።” |
| العربية (Arabic) | تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. 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) | XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-899-3734 (TTY: 711). |
| Français (French) | ATTENTION : Si vous parlez Français, des services d'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 Sprachassistenzdienste 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. |

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| 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 πάροχό σας». |
| ગુજરાતી (Gujarati) | ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-899-3734 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. |
| हिंदी (Hindi) | ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क 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 ntaub ntawv 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: [한국어]를 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. |
| ɓàsɔ́ɔ̀-wùdù-po-nyɔ̀ (Kru/Bassa) | Dè dɛ nìà kɛ dyédé gbo: Ɔ jǔ ké m̀ [ɓàsɔ́ɔ̀-wùdù-po-nyɔ̀] jǔ ní, nìí, à wudu kà kò dò po-poɔ̀ ɓéìn m̀ gbo kpáa. Đá 1-888-899-3734 (TTY:711) |
| ລາວ (Laotian) | ຊຶ່ນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-899-3734 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.” |
| Majol (Marshallese) | IKIJEN: Ne kwõj kajin Majol, ewõr jibañ ejellok wonnen ñan kwe ilo kajin eo am. Ebar wõr kein roñjak im jibañ ko rekkar ñan lewaj melele ilo wāween ko kwõmaron loi im ejellok wonnen. Kall ae lok<br>1-888-899-3734 (TTY: 711) ñe ejab kenono ibben armij ak opij eo ej<br>lewaj jerbal in jjibañ ñan kwe. |
| ភាសាខ្មែរ (Mon-Khmer, Cambodian) | សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយជំសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃដងដែរ។ ហៅទូរសព្ទទៅ 1-888-899-3734 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។ |
| नेपाली (Nepali) | सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-888-899-3734 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्। |
| Nilotic | Piŋ apieth: Naa yee jam në Nilotic –Dinka, anɔŋ këde kuɔɔny de thok tɔu tënë yïïn, ke cïn wëu. Yuɔpë 1-888-899-3734 (TTY: 711) |
| ਪੰਜਾਬੀ (Panjabi) | ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-888-899-3734 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ। |
| Pennsylvanian Dutch | Wann du [Deitsch (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). |

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| فارسي (Persian) | توجه: اگر [زبان کردن وارد] دسترس در رایگان زبانی پشتیبانی خدمات، کنیدمی صحبت در اطلاعات ارائه برای مناسب پشتیبانی خدمات و هاکمک همچنین دارد قرار شما. باشندمی موجود رایگان طوربه دسترس قابل هایقالب شماره با 1-888-899-3734 (تایپ‌تله: 711) تماس بگیرید یا ارائه‌دهنده خود صحبت کنید. |
| POLSKI (Polish) | UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające 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) | OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-899-3734 (TTY- Telefon za osobe 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. |

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| 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: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้<br>ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-888-899-3734 (TTY: 711)<br>หรือปรึกษาผู้ให้บริการของคุณ |
| українська мова (Ukrainian) | УВАГА: Якщо ви розмовляєте українська мова, 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 امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-888-899-3734 (TTY: 711) پر 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 ngôn ngữ. Các 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 ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-899-3734 (TTY: 711). |