

2019 HDS SMALL BUSINESS DENTAL PLANS

This is an overview of the dental plans offered to businesses with 1-50 employees. Visit HawaiiDentalService.com for more details.

PLAN NAME	HDS Children Only	HDS Preventive		HDS Standard		HDS Premium		HDS Premium Plus	
		Children	Adults	Children	Adults	Children	Adults	Children	Adults
PLAN COVERS									
Maximum Out-of-Pocket per year for children OR Plan Maximum per year for adults	\$350 /child \$700 / 2 or more children	\$350 /child \$700 / 2 or more children	\$1,000	\$350 /child \$700 / 2 or more children	\$600	\$350 /child \$700 / 2 or more children	\$1,000	\$350 /child \$700 / 2 or more children	\$1,500
Diagnostic & Preventive Waiver - HDS's payment for Diagnostic & Preventive services will not be deducted from the member's Plan Maximum	N/A	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes
Deductible per year, per person	\$50/person	\$50/person	\$50/person	\$30/person	\$30/person	\$30/person	\$30/person	\$30/person	\$30/person
DIAGNOSTIC AND PREVENTIVE CARE									
Examinations - 2/year	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cleanings - 2/year	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride - 2/year through age 18	100%	100%	N/A	100%	N/A	100%	N/A	100%	N/A
Total Health Plus <i>Cleanings or Gum Maintenance:</i> Expectant Mothers: additional 1/year Members with a history of cancer (chemotherapy or radiation), diabetes, Sjögren's syndrome, stroke, heart attack, congestive heart failure, kidney failure or organ transplant: additional 2/year <i>Fluoride Treatments:</i> Members with a history of oral cancer (chemotherapy or radiation) or Sjögren's syndrome: additional 4/year Members with a history of cancer other than oral cancer (chemotherapy or radiation): additional 2/year Members at medical risk for cavities: additional 3/year	100%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers - through age 18	100%	100%	N/A	100%	N/A	100%	N/A	100%	N/A
Sealants - through age 18	100%	100%	N/A	100%	N/A	100%	N/A	100%	N/A
Bitewing X-rays - 2/year through age 18; 1/year for adults	30%	30%	50%	100%	100%	100%	100%	100%	100%
Other X-rays - full mouth, once every five years	30%	30%	50%	70%	70%	70%	70%	70%	70%
BASIC CARE									
Fillings - silver fillings; white fillings limited to front teeth Root Canals Gum Treatment Oral Surgery	30%	30%	50%	70%	70%	70%	70%	70%	70%
MAJOR CARE - ONCE EVERY 7 YEARS PER TOOTH									
Crowns and Gold Restorations Fixed Bridges & Dentures	30%	30%	50% -	50%	50% -	50%	50% -	50%	50% -
Implants	N/A	N/A	50% -	N/A	50% -	N/A	50% -	N/A	50% -
ORTHODONTICS									
Orthodontics - some plans cover dependent children through age 25 with \$1,000 lifetime max per child. All plans cover dependent children through age 18 when medically necessary.	50% Medically necessary only	50% Medically necessary only	N/A	50% Medically necessary only	N/A	50%	N/A	50%	N/A
RATE PER MONTH	\$25.50	\$25.50	Starting at \$21.60	\$31.30	Starting at \$23.20	\$34.50	Starting at \$25.70	\$34.90	Starting at \$27.10

(-) Hyphen indicates wait period of 12 months

Dependent children ages 19-25 receive adult benefits

HDS PREVENTIVE DENTAL PLAN

Summary of Dental Benefits

Effective January 1, 2019

ADULTS – AGE 19 & OLDER	CHILDREN – AGE 18 & UNDER	
<ul style="list-style-type: none"> PLAN MAXIMUM \$1,000 per person, per calendar year. The most HDS will pay for each person for all covered dental services performed during the calendar year. DIAGNOSTIC & PREVENTIVE WAIVER HDS's payment for Diagnostic and Preventive services will not be deducted from the member's Plan Maximum. DEDUCTIBLE \$50 per person, per calendar year. Does not apply to benefits covered at 100%. 	<ul style="list-style-type: none"> MAXIMUM OUT OF POCKET (MOOP) \$350 per child or \$700 for 2 or more children, per calendar year. The most you will pay before your dental plan begins to pay 100% of your benefit. Out-of-pocket payments made for non-covered services and alternate benefits will not count toward the MOOP. DEDUCTIBLE \$50 per person, per calendar year. Does not apply to benefits covered at 100% and orthodontics. 	
DIAGNOSTIC & PREVENTIVE CARE (Time limitations based on calendar year)	HDS PLAN PAYS	
	CHILD	ADULT (& CHILD ages 19-25)
<ul style="list-style-type: none"> Examinations – 2 per year 	100%	100%
<ul style="list-style-type: none"> Bitewing X-rays – 2 per year through age 18; 1 per year thereafter 	30%	50%
<ul style="list-style-type: none"> Other X-rays – full mouth X-rays limited to 1 every 5 years 	30%	50%
<ul style="list-style-type: none"> Cleanings – 2 per year Expectant mothers – additional 1 per year; cleanings or gum maintenance Members with a history of cancer (chemotherapy or radiation), diabetes, Sjogren's syndrome, stroke, heart attack, congestive heart failure, kidney failure or organ transplant – additional 2 per year; cleanings or gum maintenance 	100%	100%
<ul style="list-style-type: none"> Fluoride – 2 per year through age 18 Members with a history of oral cancer (chemotherapy or radiation) or Sjogren's syndrome – additional 4 per year Members with a history of cancer other than oral cancer (chemotherapy or radiation) – additional 2 per year Medical risk for cavities – additional 3 per year 	100%	N/A
<ul style="list-style-type: none"> Space Maintainers – through age 18 	100%	N/A
<ul style="list-style-type: none"> Sealants – through age 18 	100%	N/A
BASIC CARE		
<ul style="list-style-type: none"> Fillings – silver fillings; white fillings limited to front teeth Root Canals Gum/Bone Surgeries & Maintenance (non-medical risk factors) Oral Surgeries 	30%	50%
MAJOR CARE		
<ul style="list-style-type: none"> Crowns – 1 every 7 years; white crowns limited to front teeth and bicuspid Gold Restorations – 1 every 7 years Fixed Bridges & Dentures – 1 every 7 years 	30%	50% (12 mo. wait period)
<ul style="list-style-type: none"> Implants 	N/A	50% (12 mo. wait period)
OTHER SERVICES		
<ul style="list-style-type: none"> Emergency Treatment of Dental Pain 	30%	50%
ORTHODONTICS		
<ul style="list-style-type: none"> Medically Necessary – coverage for dependent children through age 18 	50%	N/A

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer's agreement with Hawaii Dental Service and HDS's Procedure Code Guidelines. All dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment. As an HDS member, you may visit any licensed dentist, but your out-of-pocket costs may be lower when visiting an HDS participating dentist. Please consult your dentist or contact HDS Customer Service if you have any questions prior to enrolling.

ADULTS – AGE 19 & OLDER	CHILDREN – AGE 18 & UNDER	
<ul style="list-style-type: none"> • PLAN MAXIMUM \$600 per person, per calendar year. The most HDS will pay for each person for all covered dental services performed during the calendar year. • DIAGNOSTIC & PREVENTIVE WAIVER HDS's payment for Diagnostic and Preventive services will not be deducted from the member's Plan Maximum. • DEDUCTIBLE \$30 per person, per calendar year. Does not apply to benefits covered at 100%. 	<ul style="list-style-type: none"> • MAXIMUM OUT OF POCKET (MOOP) \$350 per child or \$700 for 2 or more children, per calendar year. The most you will pay before your dental plan begins to pay 100% of your benefit. Out-of-pocket payments made for non-covered services and alternate benefits will not count toward the MOOP. • DEDUCTIBLE \$30 per person, per calendar year. Does not apply to benefits covered at 100% and orthodontics. 	
DIAGNOSTIC & PREVENTIVE CARE (Time limitations based on calendar year)	HDS PLAN PAYS	
	CHILD	ADULT (& CHILD ages 19-25)
• Examinations – 2 per year	100%	100%
• Bitewing X-rays – 2 per year through age 18; 1 per year thereafter	100%	100%
• Other X-rays – full mouth X-rays limited to 1 every 5 years	70%	70%
• Cleanings – 2 per year Expectant mothers – additional 1 per year; cleanings or gum maintenance Members with a history of cancer (chemotherapy or radiation), diabetes, Sjogren's syndrome, stroke, heart attack, congestive heart failure, kidney failure or organ transplant – additional 2 per year; cleanings or gum maintenance	100%	100%
• Fluoride – 2 per year through age 18 Members with a history of oral cancer (chemotherapy or radiation) or Sjogren's syndrome – additional 4 per year Members with a history of cancer other than oral cancer (chemotherapy or radiation) – additional 2 per year Medical risk for cavities – additional 3 per year	100%	N/A
• Space Maintainers – through age 18	100%	N/A
• Sealants – through age 18	100%	N/A
BASIC CARE		
• Fillings – silver fillings; white fillings limited to front teeth • Root Canals • Gum/Bone Surgeries & Maintenance (non-medical risk factors) • Oral Surgeries	70%	70%
MAJOR CARE		
• Crowns – 1 every 7 years; white crowns limited to front teeth and bicuspid • Gold Restorations – 1 every 7 years • Fixed Bridges & Dentures – 1 every 7 years	50%	50% (12 mo. wait period)
• Implants	N/A	50% (12 mo. wait period)
OTHER SERVICES		
• Emergency Treatment of Dental Pain	70%	70%
ORTHODONTICS		
• Medically Necessary – coverage for dependent children through age 18	50%	N/A

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer's agreement with Hawaii Dental Service and HDS's Procedure Code Guidelines. All dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment. As an HDS member, you may visit any licensed dentist, but your out-of-pocket costs may be lower when visiting an HDS participating dentist. Please consult your dentist or contact HDS Customer Service if you have any questions prior to enrolling.

ADULTS - AGE 19 & OLDER		CHILDREN - AGE 18 & UNDER	
<ul style="list-style-type: none"> • PLAN MAXIMUM \$1,000 per person, per calendar year. The most HDS will pay for each person for all covered dental services performed during the calendar year. • DIAGNOSTIC & PREVENTIVE WAIVER HDS's payment for Diagnostic and Preventive services will not be deducted from the member's Plan Maximum. • DEDUCTIBLE \$30 per person, per calendar year. Does not apply to benefits covered at 100% and orthodontics. 		<ul style="list-style-type: none"> • MAXIMUM OUT OF POCKET (MOOP) \$350 per child or \$700 for 2 or more children, per calendar year. The most you will pay before your dental plan begins to pay 100% of your benefit. Out-of-pocket payments made for non-covered services, alternate benefits and non-medically necessary orthodontics will not count toward the MOOP. • DEDUCTIBLE \$30 per person, per calendar year. Does not apply to benefits covered at 100% and orthodontics. 	
DIAGNOSTIC & PREVENTIVE CARE (Time limitations based on calendar year)	HDS PLAN PAYS		
	CHILD	ADULT (& CHILD ages 19-25)	
• Examinations - 2 per year	100%	100%	
• Bitewing X-rays - 2 per year through age 18; 1 per year thereafter	100%	100%	
• Other X-rays - full mouth X-rays limited to 1 every 5 years	70%	70%	
• Cleanings - 2 per year Expectant mothers - additional 1 per year; cleanings or gum maintenance Members with a history of cancer (chemotherapy or radiation), diabetes, Sjogren's syndrome, stroke, heart attack, congestive heart failure, kidney failure or organ transplant - additional 2 per year; cleanings or gum maintenance	100%	100%	
• Fluoride - 2 per year through age 18 Members with a history of oral cancer (chemotherapy or radiation) or Sjogren's syndrome - additional 4 per year Members with a history of cancer other than oral cancer (chemotherapy or radiation) - additional 2 per year Medical risk for cavities - additional 3 per year	100%	N/A	
• Space Maintainers - through age 18	100%	N/A	
• Sealants - through age 18	100%	N/A	
BASIC CARE			
• Fillings - silver fillings; white fillings limited to front teeth • Root Canals • Gum/Bone Surgeries & Maintenance (non-medical risk factors) • Oral Surgeries	70%	70%	
MAJOR CARE			
• Crowns - 1 every 7 years; white crowns limited to front teeth and bicuspid • Gold Restorations - 1 every 7 years • Fixed Bridges & Dentures - 1 every 7 years	50%	50% (12 mo. wait period)	
• Implants	N/A	50% (12 mo. wait period)	
OTHER SERVICES			
• Emergency Treatment of Dental Pain	70%	70%	
ORTHODONTICS			
• \$1,000 lifetime maximum amount paid half at banding, per dependent child through age 25. For members who have started orthodontic services under a group plan, HDS will continue orthodontic coverage for members moving to this group plan and will continue appropriate payments. If a member's eligibility or dental plan ends, no further payments will be made. • Medically Necessary - coverage for dependent children through age 18	50%	50% Non-medically necessary coverage for dependent children through age 25 only	

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer's agreement with Hawaii Dental Service and HDS's Procedure Code Guidelines. All dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment. As an HDS member, you may visit any licensed dentist, but your out-of-pocket costs may be lower when visiting an HDS participating dentist. Please consult your dentist or contact HDS Customer Service if you have any questions prior to enrolling.

ADULTS - AGE 19 & OLDER		CHILDREN - AGE 18 & UNDER	
<ul style="list-style-type: none"> • PLAN MAXIMUM \$1,500 per person, per calendar year. The most HDS will pay for each person for all covered dental services performed during the calendar year. • DIAGNOSTIC & PREVENTIVE WAIVER HDS's payment for Diagnostic and Preventive services will not be deducted from the member's Plan Maximum. • DEDUCTIBLE \$30 per person, per calendar year. Does not apply to benefits covered at 100% and orthodontics. 		<ul style="list-style-type: none"> • MAXIMUM OUT OF POCKET (MOOP) \$350 per child or \$700 for 2 or more children, per calendar year. The most you will pay before your dental plan begins to pay 100% of your benefit. Out-of-pocket payments made for non-covered services, alternate benefits and non-medically necessary orthodontics will not count toward the MOOP. • DEDUCTIBLE \$30 per person, per calendar year. Does not apply to benefits covered at 100% and orthodontics. 	
DIAGNOSTIC & PREVENTIVE CARE (Time limitations based on calendar year)		HDS PLAN PAYS	
		CHILD	ADULT (& CHILD ages 19-25)
• Examinations - 2 per year		100%	100%
• Bitewing X-rays - 2 per year through age 18; 1 per year thereafter		100%	100%
• Other X-rays - full mouth X-rays limited to 1 every 5 years		70%	70%
<ul style="list-style-type: none"> • Cleanings - 2 per year Expectant mothers - additional 1 per year; cleanings or gum maintenance Members with a history of cancer (chemotherapy or radiation), diabetes, Sjogren's syndrome, stroke, heart attack, congestive heart failure, kidney failure or organ transplant - additional 2 per year; cleanings or gum maintenance 		100%	100%
<ul style="list-style-type: none"> • Fluoride - 2 per year through age 18 Members with a history of oral cancer (chemotherapy or radiation) or Sjogren's syndrome - additional 4 per year Members with a history of cancer other than oral cancer (chemotherapy or radiation) - additional 2 per year Medical risk for cavities - additional 3 per year 		100%	N/A
• Space Maintainers - through age 18		100%	N/A
• Sealants - through age 18		100%	N/A
BASIC CARE			
<ul style="list-style-type: none"> • Fillings - silver fillings; white fillings limited to front teeth • Root Canals • Gum/Bone Surgeries & Maintenance (non-medical risk factors) • Oral Surgeries 		70%	70%
MAJOR CARE			
<ul style="list-style-type: none"> • Crowns - 1 every 7 years; white crowns limited to front teeth and bicuspid • Gold Restorations - 1 every 7 years • Fixed Bridges & Dentures - 1 every 7 years 		50%	50% (12 mo. wait period)
• Implants		N/A	50% (12 mo. wait period)
OTHER SERVICES			
• Emergency Treatment of Dental Pain		70%	70%
ORTHODONTICS			
<ul style="list-style-type: none"> • \$1,000 lifetime maximum amount paid half at banding, per dependent child through age 25. For members who have started orthodontic services under a group plan, HDS will continue orthodontic coverage for members moving to this group plan and will continue appropriate payments. If a member's eligibility or dental plan ends, no further payments will be made. • Medically Necessary - coverage for dependent children through age 18 		50%	50% Non-medically necessary coverage for dependent children through age 25 only

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer's agreement with Hawaii Dental Service and HDS's Procedure Code Guidelines. All dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment. As an HDS member, you may visit any licensed dentist, but your out-of-pocket costs may be lower when visiting an HDS participating dentist. Please consult your dentist or contact HDS Customer Service if you have any questions prior to enrolling.

CHILDREN – Benefit ends at age 19

- **MAXIMUM OUT OF POCKET (MOOP)**

\$350 per child or \$700 for 2 or more children, per calendar year.

The most you will pay before your dental plan begins to pay 100% of your benefit. Out-of-pocket payments made for non-covered services and alternate benefits will not count toward the MOOP.

- **DEDUCTIBLE \$50** per person, per calendar year.

Does not apply to benefits covered at 100% and orthodontics.

DIAGNOSTIC & PREVENTIVE CARE
(Time limitations based on calendar year)
HDS PLAN PAYS

- **Examinations** – 2 per year

100%

- **Bitewing X-rays** – 2 per year

30%

- **Other X-rays** – full mouth X-rays limited to 1 every 5 years

30%

- **Cleanings** – 2 per year

100%

Expectant mothers – additional 1 per year; cleanings or gum maintenance

Members with a history of cancer (chemotherapy or radiation), diabetes, Sjogren's syndrome, stroke, heart attack, congestive heart failure, kidney failure or organ transplant – additional 2 per year; cleanings or gum maintenance

- **Fluoride** – 2 per year through age 18

100%

Members with a history of oral cancer (chemotherapy or radiation) or Sjogren's syndrome – additional 4 per year

Members with a history of cancer other than oral cancer (chemotherapy or radiation) – additional 2 per year

Medical risk for cavities – additional 3 per year

- **Space Maintainers**

100%

- **Sealants**

100%

BASIC CARE

- **Fillings** – silver fillings; white fillings limited to front teeth

- **Root Canals**

- **Gum/Bone Surgeries & Maintenance** (non-medical risk factors)

- **Oral Surgeries**

30%

MAJOR CARE

- **Crowns** – 1 every 7 years; white crowns limited to front teeth and bicuspid

- **Gold Restorations** – 1 every 7 years

- **Fixed Bridges & Dentures** – 1 every 7 years

30%

OTHER SERVICES

- **Emergency Treatment of Dental Pain**

30%

ORTHODONTICS

- **Medically Necessary**

50%

Note: This summary includes a brief description of your HDS dental benefits. All benefits are governed by the provisions of your employer's agreement with Hawaii Dental Service and HDS's Procedure Code Guidelines. All dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment. As an HDS member, you may visit any licensed dentist, but your out-of-pocket costs may be lower when visiting an HDS participating dentist. Please consult your dentist or contact HDS Customer Service if you have any questions prior to enrolling.

We're
giving
you more
to smile
about.



Total Health Plus

supplemental benefits designed for members in need of extra care

We just upgraded your dental plan to help you live well and **smile** more.

We understand some people need more oral health services to maintain total body health. That's why we've upgraded your dental plan to include Total Health Plus, a supplemental set of benefits tailored to certain medical conditions or diagnoses.

What can Total Health Plus do for me and my family?

HDS Total Health Plus Benefits provides additional coverage for members with:



Designed for Prevention

HDS Total Health Plus gives you access to more services and shares the importance of maintaining good oral health care. This supplemental set of benefits is essential to improving your overall health and is designed to prevent oral disease and tooth decay that accompanies certain medical conditions or diseases. Contact your dentist to see if you qualify for Total Health Plus benefits.

Contact Us

Phone
(808) 529-9248 or call toll-free at 1-844-379-4325

Email
CS@HawaiiDentalService.com

To create and view your account online, visit:
HawaiiDentalService.com

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HDS Total Health Plus Benefits

Medical Condition or Diagnosis	Benefit	Frequency
Diabetes <i>(or history of diabetes)</i>	Cleanings	two additional per year
Cancer <i>(or history of cancer or undergoing treatment such as chemotherapy or radiation; not including oral cancer)</i>	Cleanings Fluoride Treatments	two additional per year two additional per year
Oral Cancer <i>(or history of oral cancer or undergoing treatment for oral cancer)</i>	Cleanings Fluoride Treatments	two additional per year four additional per year
Sjögren's Syndrome <i>(or history of Sjögren's Syndrome)</i>	Cleanings Fluoride Treatments	two additional per year four additional per year
Stroke <i>(or history of stroke; TIA - Transient Ischemic Attack)</i>	Cleanings	two additional per year
Heart Attack, Congestive Heart Failure <i>(or history of heart attack; MI - Myocardial Infarction)</i>	Cleanings	two additional per year
Kidney Failure <i>(or history of renal failure or dialysis)</i>	Cleanings	two additional per year
Organ Transplants <i>(or history of organ transplants)</i>	Cleanings	two additional per year
Pregnancy <i>(expectant mothers)</i>	Cleanings	one additional per year
Medical Risk for Cavities	Fluoride Treatments	three additional per year

All benefits listed above are covered at 100%.

Notice of Non-Discrimination & Language Assistance

HDS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HDS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HDS provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

HDS provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact 1-844-379-4325, TTY: 711.

If you believe that HDS 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:

Civil Rights Coordinator: Director of Compliance
700 Bishop Street, Suite 700, Honolulu, HI 96813-4196
Telephone Number: 1-866-505-9227 Fax: (808) 599-4808
Email: HDScompliance@hawaiidentalsservice.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator 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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-379-4325; TTY: 711

(Ilocano) PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-844-379-4325 TTY: 711

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-379-4325 TTY: 711 .

(Japanese) 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-379-4325 TTY: 711 . まで、お電話にてご連絡ください。

(Chinese) 注意 : 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-844-379-4325 TTY: 711.

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-379-4325 TTY: 711 번으로 전화해 주십시오.

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-379-4325 TTY: 711

(Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-379-4325 TTY: 711

(Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-844-379-4325 TTY: 711

(Marshallese) LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjeļok wōñāñ. Kaalok 1-844-379-4325 TTY: 711

(Trukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-844-379-4325 TTY: 711

(Hawaiian) E NĀNĀ MAI: Inā ho 'opuka 'oe i ka 'ōlelo [ho 'okomo 'ōlelo], loa 'a ke kōkua manuahi iā 'oe. E kelepona iā 1-844-379-4325 TTY: 711

(Micronesian-Pohnpeian) Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-844-379-4325 TTY: 711

(Bisayan) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-844-379-4325 TTY: 711

(Tongan) FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-844-379-4325 TTY: 711

(Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-379-4325 TTY: 711