



**Delta Dental EPO  
Summary of Dental Plan Benefits  
For Group# 7000-0001, 0099  
Detroit Public Schools Community District**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate.

**Control Plan** - Delta Dental of Michigan

**Benefit Year** - January 1 through December 31

**Covered Services** - Please refer to the Member Copayment Schedule for a list of Covered Services and Copayments. When more than one treatment option is available, the least expensive treatment is the one covered. Copayments will be reviewed annually for adjustment. Procedure codes are subject to change to reflect current American Dental Association (ADA) procedure codes. Any changes to the Member Copayment Schedule will be effective any January 1.

**You must receive dental care from a Delta Dental EPO Dentist in order to receive Benefits.** If you receive services from a Non-EPO Dentist, you will be responsible for paying for those services, unless that dental care is Emergency Dental Treatment. If you require Emergency Dental Treatment and your EPO Dentist is not available, you may obtain treatment from any Dentist. You are responsible for paying for the Emergency Dental Treatment. Delta Dental will reimburse you up to the Maximum Payment for Emergency Dental Treatment.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Limited orthodontic treatment for primary teeth, comprehensive orthodontic treatment for adult teeth, and adjustment of a removable orthodontic retainer are Covered Services.

**Maximum Payment** - \$125 per person total per Benefit Year for Emergency Dental Treatment from a Non-EPO Dentist. There is no annual or lifetime maximum on treatment received from an EPO Dentist.

**Deductible** - None.

**Waiting Period** - Employees who are eligible for dental benefits are covered upon determination action by the Detroit Public Schools Community District.

**Eligible People** - All regular employees and para-professional employees qualified under Detroit Public Schools Community District who choose the EPO plan (0001) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099). (Note: Certain bargaining units have "employee only" dental coverage while others have full family).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

**Coordination of Benefits –**

If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which the employee is terminated.

**Delta Dental EPO Plan 2  
MEMBER COPAYMENT SCHEDULE**

**CDT-2020**

**DIAGNOSTIC SERVICES**

**CLINICAL ORAL EVALUATIONS**

D0120	Oral examination, periodic	\$0
D0140	Oral examination, limited, problem focused (emergency)	\$0
D0145	Oral evaluation for patients under age 3 and counseling with primary caregiver	\$0
D0150	Oral examination, comprehensive evaluation	\$0
D0160	Oral examination, detailed and extensive evaluation, problem focused, by report	\$0
D0180	Oral examination, comprehensive periodontal evaluation	\$0
D0190	Screening of a patient	\$0

**RADIOGRAPHS**

D0210	Intraoral, complete series (includes bitewings)	\$0
D0220	Intraoral, periapical first film	\$0
D0230	Intraoral, periapical each add'l film	\$0
D0240	Intraoral, occlusal	\$0
D0270	Bitewing, 1 film	\$0
D0272	Bitewing, 2 films	\$0
D0273	Bitewing, 3 films	\$0
D0274	Bitewing, 4 films	\$0
D0277	Bitewing, vertical, 7 to 8 films	\$0
D0330	Panoramic film	\$0

**TESTS & LABORATORY**

D0460	Pulp vitality	\$0
D0486	Accession of brush biopsy sample, microscopic exam, prep and written report	\$0

**PREVENTIVE**

**DENTAL PROPHYLAXIS (cleaning)**

D1110	Prophylaxis - adult	\$0
D1120	Prophylaxis - child	\$0

**FLUORIDE TREATMENT**

D1206	Topical fluoride varnish - child	\$0
D1208	Topical application of fluoride	\$0

**OTHER PREVENTIVE SERVICES**

D1351	Sealant - per tooth	\$0
D1353	Sealant repair - per tooth	\$0

**SPACE MAINTAINERS**

D1510	Fixed, unilateral - per quadrant	\$0
D1516	Fixed, bilateral - maxillary	\$0
D1517	Fixed, bilateral - mandibular	\$0
D1520	Removable, unilateral - per quadrant	\$0
D1526	Removable, bilateral - maxillary	\$0
D1527	Removable, bilateral - mandibular	\$0
D1551	Recement or rebond bilateral - maxillary	\$0
D1552	Recement or rebond bilateral - mandibular	\$0
D1553	Recement or rebond - unilateral - per quadrant	\$0
D1556	Removal, fixed unilateral - per quadrant	\$0
D1557	Removal, fixed bilateral - maxillary	\$0
D1558	Removal, fixed bilateral - mandibular	\$0
D1575	Distal shoe - fixed, unilateral - per quadrant	\$0

**RESTORATIVE PROCEDURES**

**AMALGAM RESTORATIONS**

D2140	1 surface	\$0
D2150	2 surfaces	\$0
D2160	3 surfaces	\$0
D2161	4 or more surfaces	\$0

**RESIN RESTORATIONS**

D2330	1 surface, anterior	\$0
D2331	2 surfaces, anterior	\$0
D2332	3 surfaces, anterior	\$0
D2335	Involving incisal angle or 4 or more surfaces, anterior	\$0
D2390	Crown, anterior	\$0
D2391	1 surface, posterior	\$23
D2392	2 surfaces, posterior	\$34
D2393	3 surfaces, posterior	\$43
D2394	4 or more surfaces, posterior	\$50

**ONLAY RESTORATIONS!**

D2542	Onlay, metallic, 2 surfaces	\$79
D2543	Onlay, metallic, 3 surfaces	\$99
D2544	Onlay, metallic, 4 or more surfaces	\$119

**CROWNS - SINGLE RESTORATION ONLY!**

D2710	Resin (indirect)	\$39
D2740	Porcelain/ceramic	\$49
D2750	Porcelain fused to high noble metal	\$73
D2751	Porcelain fused to predominantly base metal	\$51
D2752	Porcelain fused to noble metal	\$54
D2753	Porcelain fused to titanium and titanium alloys	\$73
D2780	3/4 cast high noble metal	\$68
D2781	3/4 cast predominantly base metal	\$47
D2782	3/4 cast noble metal	\$49
D2783	3/4 porcelain/ceramic	\$49
D2790	Full cast high noble metal	\$68
D2791	Full cast predominantly base metal	\$47
D2792	Full cast noble metal	\$49
D2794	Titanium	\$49

**OTHER RESTORATIVE SERVICES**

D2910	Recement onlay or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown	\$0
D2930	Crown - prefabricated stainless steel, primary	\$0
D2931	Crown - prefabricated stainless steel, permanent	\$0
D2932	Crown - prefabricated resin	\$0
D2940	Sedative filling	\$0
D2950	Crown buildup (substructure) including any pins	\$0
D2951	Pin retention - per tooth, in addition to restoration	\$0
D2952	Post and core in addition to crown, indirectly fabricated	\$23
D2954	Prefabricated post and core in addition to crown	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework	\$11

**ENDODONTICS**

**PULPOTOMY**

D3220	Therapeutic pulpotomy	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$0

**ROOT CANAL THERAPY**

D3310	Anterior (excludes final restoration)	\$0
D3320	Premolar (excludes final restoration)	\$0
D3330	Molar tooth (excludes final restoration)	\$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$0
D3333	Internal root repair of perforation defects	\$0
D3346	Retreatment, anterior	\$0
D3347	Retreatment, premolar	\$0
D3348	Retreatment, molar	\$0

**APEXIFICATION/RECALCIFICATION PROCEDURES**

D3351	Initial visit	\$0
D3352	Interim medication replacement	\$0
D3353	Final visit	\$0

**APICOECTOMY/PERIRADICULAR SERVICES**

D3410	Surgery - anterior	\$0
D3421	Surgery - premolar, first root	\$0
D3425	Surgery - molar, first root	\$0
D3426	Surgery - each additional root	\$0
D3430	Retrograde filling - per root	\$0
D3450	Root amputation - per root	\$0
D3920	Hemisection (incl any root removal), not incl root canal therapy	\$0

**PERIODONTIC SERVICES**

**SURGICAL SERVICES**

D4210	Gingivectomy or gingivoplasty - 4 or more teeth per quadrant	\$0
D4211	Gingivectomy or gingivoplasty - 1 to 3 teeth per quadrant	\$0
D4240	Gingival flap procedure, includes root planing - 4 or more teeth per quadrant	\$0
D4241	Gingival flap procedure, includes root planing, 1 to 3 teeth per quadrant	\$0
D4249	Clinical crown lengthening	\$0
D4260	Osseous surgery - 4 or more teeth per quadrant	\$0
D4261	Osseous surgery - 1 to 3 teeth per quadrant	\$0
D4263	Bone replacement graft - retained natural tooth - first site	\$0
D4264	Bone replacement graft - retained natural tooth - each add'l site in quadrant	\$0
D4270	Pedic soft tissue graft procedure	\$0
D4277	Free soft tissue graft, first tooth	\$0
D4278	Free soft tissue graft, each add'l tooth	\$0

**NON-SURGICAL SERVICES**

D4341	Periodontal scaling and root planing - 4 or more teeth per quadrant	\$0
D4342	Periodontal scaling and root planing - 1 to 3 teeth per quadrant	\$0
D4346	Scaling in the presence of inflammation	\$0
D4355	Full mouth debridement	\$0
D4910	Periodontal maintenance	\$0

**PROSTHODONTICS (Removable)?**

**COMPLETE DENTURES**

D5110	Denture - complete, maxillary	\$137
D5120	Denture - complete, mandibular	\$137
D5130	Denture - immediate, maxillary	\$147
D5140	Denture - immediate, mandibular	\$147

**PARTIAL DENTURES**

D5211	Maxillary, resin base	\$189
D5212	Mandibular, resin base	\$189
D5213	Maxillary, cast metal framework with resin denture base	\$231
D5214	Mandibular, cast metal framework with resin denture base	\$231
D5221	Maxillary, immediate, resin base	\$202
D5222	Mandibular, immediate, resin base	\$202
D5223	Maxillary, immediate, cast metal framework with resin denture base	\$247
D5224	Mandibular, immediate, cast metal framework with resin denture base	\$247
D5225	Maxillary, flexible base	\$309
D5226	Mandibular, flexible base	\$309
D5282	Removable unilateral, 1 piece cast metal - maxillary	\$137
D5283	Removable, unilateral, 1 piece cast metal - mandibular	\$137
D5284	Removable unilateral, 1 piece flexible base (including clasps and teeth) - per quadrant	\$137
D5286	Removable unilateral, 1 piece resin (including clasps and teeth) - per quadrant	\$137

**ADJUSTMENT TO DENTURES**

D5410	Complete, maxillary	\$0
D5411	Complete, mandibular	\$0
D5421	Partial, maxillary	\$0
D5422	Partial, mandibular	\$0

**REPAIRS TO COMPLETE DENTURES**

D5511	Repair broken complete denture base, mandibular	\$11
D5512	Repair broken complete denture base, maxillary	\$11
D5520	Replace missing or broken teeth (each tooth)	\$8

**REPAIRS TO PARTIAL DENTURES**

D5611	Repair resin partial denture base, mandibular	\$11
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**Delta Dental EPO Plan 2 continued**

D5612	Repair resin partial denture base, maxillary	\$11
D5621	Repair cast partial framework, mandibular	\$16
D5622	Repair cast partial framework, maxillary	\$16
D5630	Repair or replace broken clasp (per tooth)	\$15
D5640	Replace broken tooth (each)	\$8
D5650	Add tooth to existing partial denture	\$42
D5660	Add clasp to existing partial denture (per tooth)	\$53

**DENTURE REBASE PROCEDURES**

D5710	Complete maxillary denture	\$33
D5711	Complete mandibular denture	\$33
D5720	Maxillary partial denture	\$32
D5721	Mandibular partial denture	\$32

**DENTURE RELINE PROCEDURES**

D5730	Complete maxillary, chairside	\$0
D5731	Complete mandibular, chairside	\$0
D5740	Maxillary partial, chairside	\$0
D5741	Mandibular partial, chairside	\$0
D5750	Complete maxillary, laboratory	\$25
D5751	Complete mandibular, laboratory	\$25
D5760	Maxillary partial, laboratory	\$24
D5761	Mandibular partial, laboratory	\$24

**OTHER REMOVABLE PROSTHETIC SERVICES**

D5820	Interim partial denture, maxillary	\$89
D5821	Interim partial denture, mandibular	\$89
D5850	Tissue conditioning, maxillary	\$0
D5851	Tissue conditioning, mandibular	\$0

**PROSTHODONTICS (Fixed)<sup>1</sup>**

**BRIDGE PONTICS (Per Unit)**

D6210	Cast high noble metal	\$145
D6211	Cast base metal	\$95
D6212	Cast noble metal	\$120
D6240	Porcelain fused to high noble metal	\$155
D6241	Porcelain fused to base metal	\$105
D6242	Porcelain fused to noble metal	\$130
D6243	Porcelain fused to titanium and titanium alloys	\$155
D6245	Porcelain/ceramic	\$225

**FIXED BRIDGE RETAINERS – INLAYS/ONLAYS**

D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$32
D6600	Inlay, porcelain/ceramic, 2 surfaces	\$161
D6601	Inlay, porcelain/ceramic, 3 or more surfaces	\$181
D6602	Inlay, cast high noble metal, 2 surfaces	\$141
D6603	Inlay, cast high noble metal, 3 or more surfaces	\$161
D6604	Inlay, cast predominantly base metal, 2 surfaces	\$101
D6605	Inlay, cast predominantly base metal, 3 or more surfaces	\$121
D6606	Inlay, cast noble metal, 2 surfaces	\$121
D6607	Inlay, cast noble metal, 3 or more surfaces	\$141
D6608	Onlay, porcelain/ceramic, 2 surfaces	\$155
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	\$161
D6610	Onlay, cast high noble metal, 2 surfaces	\$135
D6611	Onlay, cast high noble metal, 3 or more surfaces	\$141
D6612	Onlay, cast predominantly base metal, 2 surfaces	\$95

D6613	metal, 2 surfaces Onlay, cast predominantly base metal, 3 or more surfaces	\$101
D6614	Onlay, cast noble metal, 2 surfaces	\$115
D6615	Onlay, cast noble metal, 3 or more surfaces	\$121

**BRIDGE RETAINERS – CROWNS**

D6750	Porcelain fused to high noble metal	\$124
D6751	Porcelain fused to base metal	\$100
D6752	Porcelain fused to noble metal	\$105
D6753	Porcelain fused to titanium and titanium alloys	\$124
D6780	3/4 cast high noble metal	\$114
D6781	3/4 cast base metal	\$90
D6782	3/4 cast noble metal	\$95
D6783	3/4 porcelain/ceramic	\$113
D6784	3/4 titanium and titanium alloys	\$114
D6790	Full cast high noble metal	\$114
D6791	Full cast base metal	\$90
D6792	Full cast noble metal	\$95

**OTHER FIXED PROSTHETIC SERVICES**

D6930	Recement fixed partial denture	\$0
D6940	Stress breaker	\$0

**ORAL SURGERY**

**EXTRACTIONS (Simple)**

D7111	Extraction, coronal remnants - primary tooth	\$0
D7140	Extraction, erupted tooth or exposed root	\$0

**SURGICAL EXTRACTIONS**

D7210	Surgical removal of erupted tooth	\$0
D7220	Removal of impacted tooth - soft tissue	\$0
D7230	Removal of impacted tooth - partially bony	\$0
D7240	Removal of impacted tooth - completely bony	\$0
D7241	Removal of impacted tooth - completely bony with complications	\$0
D7250	Surgical removal of residual roots	\$0

**OTHER SURGICAL PROCEDURES**

D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$0
D7280	Exposure of an unerupted tooth	\$0
D7286	Biopsy of oral tissue - soft	\$0
D7288	Brush biopsy	\$0

**ALVEOLOPLASTY (Surgical Preparation of Ridge for Dentures)**

D7310	In conjunction with extractions, 4 or more teeth or spaces per quadrant	\$0
D7311	In conjunction with extraction, 1 to 3 teeth or spaces per quadrant	\$0
D7320	Not in conjunction with extractions, 4 or more teeth or spaces per quadrant	\$0
D7321	Not in conjunction with extraction, 1 to 3 teeth or spaces per quadrant	\$0

**EXCISION OF BONE TISSUE**

D7471	Removal of lateral exostosis	\$0
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**SURGICAL INCISION**

D7510	Incision and drainage of abscess - intraoral soft tissue	\$0
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**OTHER REPAIR PROCEDURES**

D7910	Suture of recent small wounds up to	\$0
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D7922	5 cm Placement of intra-socket biological dressing to aid in homeostasis or clot stabilization - per site	\$0
D7960	Frenulectomy	\$0
D7963	Frenuloplasty	\$0
D7970	Excision of hyperplastic tissue - per arch	\$0
D7971	Excision of pericoronal gingival	\$0

**ADJUNCTIVE GENERAL SERVICES**

**UNCLASSIFIED TREATMENT**

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0
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**ANESTHESIA**

D9222	Deep sedation/general anesthesia - first 15 minutes	\$0
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$0
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$0
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$0

**PROFESSIONAL VISITS**

D9440	Office visit after regularly scheduled hours	\$0
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**MISCELLANEOUS SERVICES**

D9610	Therapeutic parenteral drug, single administration	\$0
D9612	Therapeutic parenteral drugs, multiple administration	\$0
D9944	Occlusal guard - full arch	\$41
D9946	Occlusal guard - partial arch	\$20
D9951	Occlusal adjustment - limited	\$0
D9952	Occlusal adjustment - complete	\$0
D9997	Dental case management - patients with special health care needs	\$0

**ORTHODONTICS<sup>3</sup>**

**RECORDS (solely for orthodontic purposes)**

D0340	Cephalometric film	\$0
D0350	Oral/facial photographic images	\$0
D0470	Diagnostic casts	\$0

**LIMITED ORTHODONTIC TREATMENT**

D8010	Primary dentition	\$1900
D8020	Transitional dentition	\$1900
D8030	Adolescent dentition	\$1900
D8040	Adult dentition (to age 19)	\$1900

**INTERCEPTIVE ORTHODONTIC TREATMENT**

D8050	Primary dentition	\$650
D8060	Transitional dentition	\$650

**COMPREHENSIVE ORTHODONTIC TREATMENT**

D8070	Transitional dentition	\$1900
D8080	Adolescent dentition	\$1900
D8090	Adult Dentition (to age 19)	\$1900

**MINOR TREATMENT TO CONTROL HARMFUL HABITS**

D8210	Removable appliance therapy	\$300
D8220	Fixed appliance therapy	\$350

<sup>1</sup>Porcelain/ceramic on molars is considered optional treatment.

<sup>2</sup>Includes any adjustments for six months.

<sup>3</sup>Orthodontic Benefits include the initial examination, diagnosis, consultation, initial banding, monthly active treatment, de-banding, and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers, and office visits.

Note - The Member Copayment Schedule reflects current CDT codes and fees. These may be updated at a future date, as necessary. Please contact Delta Dental for the most up-to-date fees and codes.

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

This plan 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)

This plan 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, call 1-800-524-0149 (TTY users call 711).

If you believe that this plan 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 the civil rights coordinator at PO Box 9089, Farmington Hills, MI 48333-9089; by phone at 1-800-524-0149 (TTY users call 711) or fax to 517-706-3513. You can file a grievance by mail, fax or phone. 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, DC 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-524-0149 (TTY: 711).

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل على الهاتف رقم 1-800-524-0149 (رقم الطابعة الهاتفية: 711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে ভাষাগত সহায়তা পরিষেবাগুলি, আপনার জন্য বিনামূল্যে পাওয়া যাবে। ফোন করুন 1-800-524-0149 (TTY: 711)।

သတိပြုရန်- သင် မြန်မာဘာသာစကား ပြောဆိုပါကဘာသာစကားအကူအညီဝန်ဆောင်မှုများကိုအခမဲ့ရရှိနိုင်ပါသည်။ခေါ်ဆိုရန် 1-800-524-0149 (TTY- 711)။

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 1-800-524-0149 (TTY : 711)。

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-524-0149 (TTY: 711).

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-524-0149 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-524-0149 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-524-0149 (TTY: 711).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। कॉल करें 1-800-524-0149 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-524-0149 (TTY: 711).

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。  
1-800-524-0149 (TTY: 711) まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1-800-524-0149 (TTY: 711) 번으로 전화해 주십시오.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-524-0149 (TTY: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-524-0149 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-524-0149 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-524-0149 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-524-0149 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-524-0149 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-524-0149 (TTY: 711).

يرجى الانتباه: إذا كنت تتحدث اللغة العربية السورية، تتوفر لك خدمات المساعدة اللغوية المجانية. برجالاتصال بالرقم: 1-800-524-0149 (الهاتف النصي: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-524-0149 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-524-0149 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-524-0149 (TTY: 711).