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The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the annual maximum benefit coverage amount. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call DentaQuest Dental Customer Service at **844-583-6158 (TTY: 711)**, Monday – Friday, 8:00 a.m. to 8:00 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Member Handbook for your plan. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

Providers: For information about dental benefits, call DentaQuest Provider Customer Service at **844-870-3977**, Monday – Friday, 8:00 a.m. to 6:00 p.m., in your time zone.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but any applicable coinsurance payment still applies).
- Dental benefits for this plan do not use the HumanaDental Medicare network. To locate an in-network dentist, visit DentaQuest.com.
- No out-of-network coverage for this plan.
- Humana Dual Integrated (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. Enrollment depends on contract renewal.

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Deductible	**$0**
Annual Maximum	**None**
Waiting Periods	**None**

ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
Diagnostic Services				
D0120	Periodic oral evaluation - established patient	One periodic evaluation every 6 Months	100%	0%
D0140	Limited oral evaluation-problem focused	Two per Month	100%	0%
D0150	Comprehensive oral evaluation - new or established patient	One every 36 Months	100%	0%
D0180	Comprehensive periodontal evaluation - new or established patient	One per 12 Months	100%	0%
D0191	Assessment of a patient	One assessment or evaluation per 6 Months.	100%	0%
D0210	Intraoral - comprehensive series of radiographic images	One complete series, panoramic or intraoral tomosynthesis xray per 60 Months	100%	0%
D0220	Intraoral - periapical first radiographic image		100%	0%
D0230	Intraoral - periapical each additional radiographic image		100%	0%
D0240	Intraoral – occlusal radiographic image	One periapical or occlusal radiographic image per calendar year	100%	0%
D0270	Bitewing - single radiographic image	One type of bitewing radiographic image per 12 Month(s) Per patient.	100%	0%
D0272	Bitewings - two radiographic images	One type of bitewing radiographic image per 12 Month(s) Per patient.	100%	0%
D0273	Bitewings - three radiographic images	One type of bitewing radiographic image per 12 Month(s) Per patient.	100%	0%
D0274	Bitewings - four radiographic images	One type of bitewing radiographic image per 12 Month(s) Per patient.	100%	0%
D0330	Panoramic radiographic image	One complete series, panoramic or intraoral tomosynthesis xray per 60 Months	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	One complete series, panoramic or intraoral tomosynthesis xray per 60 Months	100%	0%
D0373	Intraoral tomosynthesis – bitewing radiographic image	One type of bitewing radiographic image per 12 Month(s) Per patient.	100%	0%
D0374	Intraoral tomosynthesis – periapical radiographic image		100%	0%
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	One complete series, panoramic or intraoral tomosynthesis xray per 60 Months	100%	0%
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	One type of bitewing radiographic image per 12 Month(s) Per patient.	100%	0%
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only		100%	0%
Preventive Services				
D1110	Prophylaxis - adult	One cleaning per 6 Months	100%	0%
D1206	Topical application of fluoride varnish	One fluoride treatment per 6 Months	100%	0%
D1208	Topical application of fluoride - excluding varnish	One fluoride treatment per 6 Months	100%	0%
D1209	Application of caries preventive medicament - topical non-fluoride; full mouth	One fluoride treatment per 6 Months	100%	0%
D1351	Sealant - per tooth	One every 36 Month	100%	0%
D1354	Application of caries arresting medicament- per tooth	Two per Lifetime	100%	0%
Comprehensive Services Fillings				
D2140	Amalgam - one surface, primary or permanent	One filling per 24 Months per tooth	100%	0%
D2150	Amalgam - two surfaces, primary or permanent	One filling per 24 Months per tooth	100%	0%
D2160	Amalgam - three surfaces, primary or permanent	One filling per 24 Months per tooth	100%	0%
D2161	Amalgam - four or more surfaces, primary or permanent	One filling per 24 Months per tooth	100%	0%
D2330	Resin-based composite - one surface, anterior	One filling per 24 Months per tooth	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D2331	Resin-based composite - two surfaces, anterior	One filling per 24 Months per tooth	100%	0%
D2332	Resin-based composite - three surfaces, anterior	One filling per 24 Months per tooth	100%	0%
D2335	Resin-based composite - four or more surfaces (anterior)	One filling per 24 Months per tooth	100%	0%
D2390	Resin-based composite crown, anterior	One filling per 24 Months per tooth	100%	0%
D2391	Resin-based composite - one surface, posterior	One filling per 24 Months per tooth	100%	0%
D2392	Resin-based composite - two surfaces, posterior	One filling per 24 Months per tooth	100%	0%
D2393	Resin-based composite - three surfaces, posterior	One filling per 24 Months per tooth	100%	0%
D2394	Resin-based composite - four or more surfaces, posterior	One filling per 24 Months per tooth	100%	0%
Crowns				
D2710	Crown - resin-based composite (indirect)	One crown per 60 Months per tooth	100%	0%
D2712	Crown - 3/4 resin-based composite (indirect)	One crown per 60 Months per tooth	100%	0%
D2722	Crown - resin with noble metal	One crown per 60 Months per tooth	100%	0%
D2740	Crown - porcelain/ceramic	One crown per 60 Months per tooth	100%	0%
D2750	Crown - porcelain fused to high noble metal	One crown per 60 Months per tooth	100%	0%
D2751	Crown - porcelain fused to predominantly base metal	One crown per 60 Months per tooth	100%	0%
D2752	Crown - porcelain fused to noble metal	One crown per 60 Months per tooth	100%	0%
D2753	Crown - porcelain Fused to Titanium and Titanium Alloys	One crown per 60 Months per tooth	100%	0%
D2780	Crown - 3/4 cast high noble metal	One crown per 60 Months per tooth	100%	0%
D2781	Crown - 3/4 cast predominantly base metal	One crown per 60 Months per tooth	100%	0%
D2782	Crown - 3/4 cast noble metal	One crown per 60 Months per tooth	100%	0%
D2783	Crown - 3/4 porcelain/ceramic	One crown per 60 Months per tooth	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D2790	Crown - full cast high noble metal	One crown per 60 Months per tooth	100%	0%
D2791	Crown - full cast predominantly base metal	One crown per 60 Months per tooth	100%	0%
D2792	Crown - full cast noble metal	One crown per 60 Months per tooth	100%	0%
D2794	Crown - Titanium and Titanium Alloys	One crown per 60 Months per tooth	100%	0%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One per 6 Months	100%	0%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	One per 6 Months	100%	0%
D2920	Re-cement or re-bond crown	One per 6 Months	100%	0%
D2930	Prefabricated stainless steel crown - primary tooth	One prefabricated crown every 24 Months	100%	0%
D2931	Prefabricated stainless steel crown-permanent tooth	One prefabricated crown every 24 Months	100%	0%
D2932	Prefabricated resin crown	One prefabricated crown every 24 Months	100%	0%
D2933	Prefabricated stainless steel crown with resin window	One prefabricated crown every 24 Months	100%	0%
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	One prefabricated crown every 24 Months	100%	0%
D2940	Placement of interim direct restoration.	One per Lifetime	100%	0%
D2950	Core buildup, including any pins when required	One core build up or post and core per 24 Months	100%	0%
D2951	Pin retention - per tooth, in addition to restoration	One every 24 Months	100%	0%
D2952	Cast post and core in addition to crown	One core build up or post and core per 24 Months	100%	0%
D2954	Prefabricated post and core in addition to crown	One core build up or post and core per 24 Months	100%	0%
D2999	Unspecified restorative procedure, by report		100%	0%
Endodontic Services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per Lifetime	100%	0%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	One per Lifetime	100%	0%
D3330	Endodontic therapy, molar tooth (excluding final restoration)	One per Lifetime	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D3346	Retreatment of previous root canal therapy - anterior	One per Lifetime	100%	0%
D3347	Retreatment of previous root canal therapy - premolar	One per Lifetime	100%	0%
D3348	Retreatment of previous root canal therapy - molar	One per Lifetime	100%	0%
D3410	Apicoectomy - anterior	One per Lifetime	100%	0%
D3421	Apicoectomy - premolar (first root)	One per Lifetime	100%	0%
D3425	Apicoectomy - molar (first root)	One per Lifetime	100%	0%
D3426	Apicoectomy (each additional root)	One per Lifetime	100%	0%
D3430	Retrograde filling - per root	One per Lifetime	100%	0%
D3999	Unspecified endodontic procedure, by report		100%	0%
Periodontics				
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	One scaling and root planing per 24 months	100%	0%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	One scaling and root planing per 24 months	100%	0%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation	One per 6 Months	100%	0%
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	One per 12 Months	100%	0%
D4910	Periodontal maintenance procedures	One every 6 Months	100%	0%
Removable Dentures				
D5110	Complete denture - maxillary	One denture every 60 Months	100%	0%
D5120	Complete denture - mandibular	One denture every 60 Months	100%	0%
D5130	Immediate denture - maxillary	One denture every 60 Months	100%	0%
D5140	Immediate denture - mandibular	One denture every 60 Months	100%	0%
D5211	Maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	One denture every 60 Months	100%	0%
D5212	Mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	One denture every 60 Months	100%	0%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	One denture every 60 Months	100%	0%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	One denture every 60 Months	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	One denture every 60 Months	100%	0%
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	One denture every 60 Months	100%	0%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One denture every 60 Months	100%	0%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One denture every 60 Months	100%	0%
D5225	Maxillary partial denture-flexible base	One denture every 60 Months	100%	0%
D5226	Mandibular partial denture-flexible base	One denture every 60 Months	100%	0%
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	One denture every 60 Months	100%	0%
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	One denture every 60 Months	100%	0%
D5410	Adjust complete denture - maxillary	One every 6 Months	100%	0%
D5411	Adjust complete denture - mandibular	One every 6 Months	100%	0%
D5421	Adjust partial denture-maxillary	One every 6 Months	100%	0%
D5422	Adjust partial denture - mandibular	One every 6 Months	100%	0%
D5511	Repair broken complete denture base, mandibular		100%	0%
D5512	Repair broken complete denture base, maxillary		100%	0%
D5520	Replace missing or broken teeth - complete denture - per tooth		100%	0%
D5521	Replace all teeth on complete denture - maxillary	One denture every 60 Months	100%	0%
D5522	Replace all teeth on complete denture - mandibular	One denture every 60 months	100%	0%
D5611	Repair resin partial denture base, mandibular		100%	0%
D5612	Repair resin partial denture base, maxillary		100%	0%
D5621	Repair cast partial framework, mandibular		100%	0%
D5622	Repair cast partial framework, maxillary		100%	0%
D5630	Repair or replace broken retentive/clasping materials per tooth		100%	0%
D5640	Replace missing or broken teeth – partial denture – per tooth		100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D5650	Add tooth to existing partial denture – per tooth		100%	0%
D5660	Add clasp to existing partial denture		100%	0%
D5710	Rebase complete maxillary denture	One reline or rebase of denture every 24 Months	100%	0%
D5711	Rebase complete mandibular denture	One reline or rebase of denture every 24 Months	100%	0%
D5720	Rebase maxillary partial denture	One reline or rebase of denture every 24 Months	100%	0%
D5721	Rebase mandibular partial denture	One reline or rebase of denture every 24 Months	100%	0%
D5730	Reline complete maxillary denture (chairside)	One reline or rebase of denture every 24 Months	100%	0%
D5731	Reline complete mandibular denture (chairside)	One reline or rebase of denture every 24 Months	100%	0%
D5740	Reline maxillary partial denture (chairside)	One reline or rebase of denture every 24 Months	100%	0%
D5741	Reline mandibular partial denture (chairside)	One reline or rebase of denture every 24 Months	100%	0%
D5750	Reline complete maxillary denture (laboratory)	One reline or rebase of denture every 24 Months	100%	0%
D5751	Reline complete mandibular denture (laboratory)	One reline or rebase of denture every 24 Months	100%	0%
D5760	Reline maxillary partial denture (laboratory)	One reline or rebase of denture every 24 Months	100%	0%
D5761	Reline mandibular partial denture (laboratory)	One reline or rebase of denture every 24 Months	100%	0%
Other removable prosthetic services				
D5765	Soft liner for complete or partial removable denture – indirect	One every 24 Months	100%	0%
D5877	Duplication of complete denture – maxillary	One denture every 60 months	100%	0%
D5878	Duplication of complete denture – mandibular	One denture every 60 months	100%	0%
D6930	Re-cement or re-bond fixed partial denture		100%	0%
Oral Surgery				
D7111	Extraction, coronal remnants - primary tooth	One per Lifetime	100%	0%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	One per Lifetime	100%	0%
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	One per Lifetime	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D7220	Removal of impacted tooth-soft tissue	One per Lifetime	100%	0%
D7230	Removal of impacted tooth-partially bony	One per Lifetime	100%	0%
D7240	Removal of impacted tooth-completely bony	One per Lifetime	100%	0%
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	One per Lifetime	100%	0%
D7250	Surgical removal of residual tooth roots (cutting procedure)	One per Lifetime	100%	0%
D7260	Oroantral fistula closure	One per Lifetime	100%	0%
D7261	Primary closure of a sinus perforation	One per Lifetime	100%	0%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One per Lifetime	100%	0%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One per Lifetime	100%	0%
D7471	Removal of exostosis - per site	One per Lifetime	100%	0%
D7472	Removal of torus palatinus	One per Lifetime	100%	0%
D7473	Removal of torus mandibularis	One per Lifetime	100%	0%
D7485	Surgical reduction of osseous tuberosity	One per Lifetime	100%	0%
D7510	Incision and drainage of abscess - intraoral soft tissue		100%	0%
D7970	Excision of hyperplastic tissue - per arch	One per Lifetime	100%	0%
D7971	Excision of pericoronal gingiva	One per Lifetime	100%	0%
D7972	Surgical reduction of fibrous tuberosity	One per Lifetime	100%	0%
Adjunctive General Serives, Anesthesia and Miscellaneaous Services				
D9222	Administration of deep sedation/general anesthesia-first 15 minute increment, or any portion thereof	One per date of service	100%	0%
D9223	Administration of deep sedation/general anesthesia-each subsequent 15 minute increment, or any portion thereof	3 per date of service	100%	0%
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	One per date of service	100%	0%
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	3 per date of service	100%	0%
D9230	Administration of nitrous oxide	One per date of service	100%	0%
D9239	Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	One per date of service	100%	0%

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ADA Code	Procedure Name	Frequency Limitations	In-network coverage	Out-of-network coverage
D9243	Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	3 per date of service	100%	0%
D9244	In-office administration of minimal sedation – single drug – enteral	One per date of service	100%	0%
D9245	Administration of moderate sedation – enteral	One per date of service	100%	0%
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	One per date of service	100%	0%
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof	One per date of service	100%	0%
D9420	Hospital or ambulatory surgical center call	One per Day	100%	0%
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report		100%	0%

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Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235（听障专线：711**）。

繁體中文 [Traditional Chinese]：我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235（聽障專線：711）**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French] : Des services gratuits linguistiques, d’aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કૉલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

日本語 [Japanese]:言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

This notice is available at **https://www.humana.com/legal/multi-language-support**.

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ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t’áá jiik’eh, t’áadoole’é binahjį’ bee adahodooníłígíí diné bich’į’ anídahazt’i’í, dóó łahgo át’éego bee hada’dilyaaígíí bee bika’aanída’awo’í dahólǫ. Kohjį’ hodíilnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** ‘ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **877-320-1235 (TTY: 711)**۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]፦ ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bǎsɔ́ ̀[Bassa]: Wuɖu-xwíníín-mú-zà-zà kǔà, Hwòɖǒ-fɔńɔ-́nyɔ,́kè nyɔ-bɔǔ̌n-po-kà ɓě ɓɛ́ nyuɛɛ se wíɖí pɛ́è-pɛ́è ɖò kɔ.̀̂**877-320-1235 (TTY: 711)** ɖá.

Bekee [Igbo]: Asụsụ n’efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹhìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọ̀wọ́tó. Pe **877-320-1235 (TTY: 711).**

नेपाली [Nepali]: भाषासम्बन्धी नि:शुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।