Delta Dental Individual and Family™ Million Dollar Smile Plan Insurance Policy

Welcome

Delta Dental of Virginia is pleased to be your dental Benefits provider. This Policy, including any amendments and riders made as part of it, constitutes the entire agreement and understanding between you and Delta Dental of Virginia. Please read it carefully to understand its Benefits, limitations and conditions.

The terms "you" and "your" refer to the person(s) enrolled under this Policy. The terms "we," "us" and "our" refer to Delta Dental of Virginia. Each capitalized term in this Policy has a special meaning you will find in the "Definitions and Terminology" section.

This Policy is issued by Delta Dental of Virginia and administered by Delta Dental of Wisconsin and/or its subsidiary, Wyssta Services, Inc., P.O. Box 103, Stevens Point, WI 54481, DeltaDentalCoversMe.com. As a managed care health insurance plan operating in the Commonwealth of Virginia, Delta Dental of Virginia is subject to regulation by both the Virginia State Corporation — Bureau of Insurance (pursuant to Title 38.2 of the Code of Virginia) and the Virginia Department of Health (pursuant to Title 32.1 of the Code of Virginia). Virginia law applicable to limited-scope dental policies govern all terms, conditions and other provisions of this Policy.

We pay all your Benefits according to the terms, conditions, and provisions of your Policy. Refer to the "Schedule of Dental Benefits, Limitations and Coverage" section for your list of Benefits and their coverage percent.

We process claims based upon a Plan Allowance, which may be less than your provider's billed charge. See "Choosing a Dentist" for more details.

Important Notice Concerning Statements in the Application for Your Policy

The attached copy of your completed Application is a part of your Policy. If the Application is incomplete, inaccurate, or out of date, please let us know. Incorrect information could void your Policy or reduce its Benefits.

An overview of your eligibility, Effective Date and Policy renewal follows. For more detailed information, refer to the "Eligibility" and "Premiums, Policy Renewal, Grace Period and Reinstatement" sections.

Eligibility

Only Virginia residents who are at least 18 years of age or legally emancipated minors may purchase this Policy for themselves and their Dependents.

Renewal

Your Policy continually renews unless you notify us in writing at least 30 days before the end of the Policy Period that you do not want to renew. Premiums may change at renewal. Should your Policy's Premium or

This is an excepted benefits policy. It provides coverage only for the limited benefits or services specified in the Policy.

This is a stand-alone dental policy that is not exchange-certified and may not provide minimum essential pediatric dental benefits.

Deductible increase, we will send you written notice at least 75 days before the renewal period. Should your Policy's Benefits decrease, we will send you written notice of the new Benefits at least 60 days before the renewal date.

Effective Date and Policy Term

Your Policy is active from the Effective Date that appears on your declaration page and remains active for 12 months from the Effective Date. If this Policy terminates for nonpayment of Premium, you must wait 12 months before you are eligible for another Policy.

Your Right to Return this Policy

Read this Policy immediately. If you wish to cancel it for any reason, you must notify us within ten days. We will void the Policy and promptly refund the Premium.

Your Online Account

You may create and access your online account using the "Sign In" link at DeltaDentalCoversMe.com. Your online account makes it easy to update your information, change your payment method, download forms, view plan information, review claims, track dental activity and add or delete qualifying Dependents.

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Definitions and Terminology

Definitions

Annual Maximum — The most a dental plan will pay within a Policy Period. Once you reach the maximum, you pay any costs for the remainder of the Policy Period.

Appeal — A formal request to have a denied or unpaid claim reviewed by Delta Dental of Virginia. This request can be made by you or your Dentist.

Application — Your request for coverage under this Policy. Once we accept your application, it becomes a part of the Policy.

Assignment of Benefits — Your request that Delta Dental of Virginia pay your Dentist directly.

Balance Bill — A charge billed to you for the difference between what we pay and what the Dentist charges. In-network Dentists accept the fee we approved as payment in full and cannot bill you for any difference.

Basic Cleaning — A regularly scheduled preventive treatment to remove plaque and tartar from the teeth and polish the enamel.

Benefit — A Dental Procedure covered under the terms of your Policy, as specified in the "Schedule of Dental Benefits, Limitations and Coverage."

Coinsurance — The percentage of the Plan Allowance you pay to the Dentist for Benefits after meeting any applicable Deductible.

Copayment — A preset amount you pay each time you visit the Dentist.

Covered Dependent — A Dependent listed on the Application who has been accepted by Delta Dental and for whom the appropriate Premium has been paid.

Deductible — A fixed dollar amount you pay before Delta Dental will begin covering Benefits.

Delta Dental of Virginia — A not-for-profit corporation incorporated in Virginia. Delta Dental of Virginia is a member of the Delta Dental Plans Association.

Delta Dental Plans Association — The not-for-profit national association of the 39 independent Delta Dental member companies.

Dental Necessity — A Benefit that a prudent Dentist would provide in accordance with generally accepted dental practices and guidelines. We determine Dental Necessity.

Dental Procedure — Treatment performed by a Dentist or other individual licensed under state law to provide the treatment and reported to us by the authorized responsible licensee using the Code on Dental Procedures and Nomenclature (CDT Code).

Dentist — A person duly licensed to practice dentistry in the state or country in which the Dental Procedure is provided.

Dependent — Anyone to be covered by a dental plan other than the Policyholder.

Effective Date — The date a dental Benefits contract becomes active.

Emergency Services — Dental services that are immediately required to relieve pain, swelling, bleeding or other threats to the patient's health.

Enrollee — A person covered under a dental plan.

Explanation of Benefits (EOB) — The notice that you and your Dentist receive after we process a claim. The EOB provides information about the fees charged, procedures performed, adjustments we made by the carrier and Coinsurance you paid.

Grievance — A written statement of dissatisfaction by an Enrollee. We follow regulatory requirements in responding to Grievances.

HIPAA (Health Insurance Portability and Accountability Act) — A federal law that focuses on patient privacy and enabling people to keep their health insurance when changing jobs.

In-network Dentist — A Dentist who is a member of Delta Dental's PPO™ or Premier networks.

Open Enrollment Period — The last month of any Policy Period, when you may add or remove Dependents.

Out-of-network Dentist — A Dentist who is not a member of Delta Dental's PPO™ or Premier networks.

Plan Allowance — The amount used to determine what we pay for each Benefit. In-network Dentists have agreed to accept the Plan Allowance as full payment for Benefits (plus any applicable Deductible, Coinsurance or Copayment). We determine the Plan Allowance at our sole discretion.

Policy — This document, including the schedule of dental Benefits, limitations, exclusions, any endorsements or riders and the attached Application.

Policyholder — A person who has completed and signed the Application for coverage under the Policy, paid the appropriate Premium and been accepted by Delta Dental of Virginia.

Policy Period — The 12-month period following your Policy's Effective Date; any renewal 12-month period.

Predetermination of Benefits — A plan submitted by a Dentist for Delta Dental to review and estimate Benefits before treatment starts.

Premium — The total fee due for this Policy.

Premium Period — The time between the dates that you have chosen to pay Premiums. This Policy has a 12-month Policy Period, but you may choose a monthly, semiannual or annual Premium Period.

Qualifying Event — An event, such as gaining or losing access to group coverage, that permits a Policyholder to add or delete Dependents outside of the Open Enrollment Period.

Common Dental Terminology

Abrasion — Tooth wear caused by forces other than chewing, such as improper brushing or holding objects between the teeth.

Abscess — Localized buildup of pus in an area of infection, usually around the tooth or in the gums, that can ultimately destroy oral tissue.

Abutment — A natural tooth or implanted tooth substitute used to support a removable partial denture or bridgework.

Acid etching — A process that prepares tooth surface for bonding to fillings or sealants by toughening enamel with a weak acid solution.

Alveolar bone — The bone structure that contains tooth sockets and supports the teeth.

Alveoloplasty — A surgical procedure that reshapes the jawbone.

Avulsion — When a tooth is knocked out of its socket due to trauma.

Amalgam filling — A type of tooth filling made of silver and mercury.

Anatomical crown — The visible part of a natural tooth covered by enamel.

Anesthesia — Substances administered to patients to create temporary numbness so that dental work can be completed without pain.

Anterior teeth — The upper front teeth, tooth numbers 6-11; and/or lower front teeth, tooth numbers 22-27.

Apicoectomy — A minor surgical procedure that removes the apex, or tip, of the root of a tooth.

Attrition — Normal wearing down of a tooth's surface from chewing.

Bitewing — An X-ray of the area of the mouth where the back teeth touch each other; useful in spotting early stages of tooth decay.

Bridge — Nonremovable artificial teeth attached to adjoining natural teeth.

Composite filling — A filling made from white resin that can be colored to match surrounding teeth.

Crown — An artificial tooth-shaped covering made of metal, porcelain or porcelain fused to metal, used to restore weakened, decayed or severely damaged teeth.

Dentures — Removable artificial teeth that rest on the gums. Dentures may be complete or partial depending on the number of missing natural teeth.

Endodontist — A Dentist specializing in diseases of the tooth pulp, performing such services as root canals.

Gingivitis — Inflammation of the gums caused by a buildup of plaque or food particles on teeth.

Impacted tooth — A tooth blocked from coming up through the gums by another tooth, bone or soft tissue.

Implant — A small post that replaces the root portion of a missing tooth and supports a prosthetic.

Multistage/Multiple appointment procedures — Dental Procedures such as crowns and root canals that require more than one appointment to complete.

Nitrous oxide — A mild anesthesia that allows the patient to be awake during a procedure.

Occlusion — The contact or biting relationship between teeth in the lower jaw and teeth in the upper jaw.

Orthodontic — The branch of dentistry that corrects growth irregularities of the teeth and jaws.

Periapical X-rays — X-rays that show complete side views from the roots to the crowns of the teeth.

Periodontal — Of or affecting the gums.

Periodontal disease — An infection of the gum and tissues that support the teeth.

Personalization or Characterization — A custom Dental Procedure to change the look of the teeth.

Prosthetics — Dental implants or artificial teeth.

Restorations — Fillings that replace the tooth structure in a cavity.

Root canal — A corrective process to repair the inner pulp of the tooth.

Root planing — The process of scraping plaque below the gum line.

Sealant — A substance applied to the biting surface of back teeth to protect them from decay.

Space maintainer — A dental appliance used to maintain space in the mouth when a baby tooth has been lost prematurely.

Temporomandibular Joint Disorder (TMJ) — A disorder of the joint attaching the lower jawbone to the head. TMJ refers to the general class of disorders affecting the bones and muscles of this region.

Vertical dimension — The distance between two points above and below the mouth when teeth are closed.

Eligibility

Only Virginia residents who are at least 18 years of age or legally emancipated minors may purchase this Policy for themselves and their Dependents.

The Policyholder may enroll Dependents based on the criteria below:

- Your lawful spouse,
- Your legal children, up to the end of the month when they turn age 26,
- A dependent child incapable of self-support because of a physical or mental incapacity that began prior to the age limit requirements, or
- An individual whose coverage is court ordered.

Coverage for a Newborn/Adopted Child

A newborn child is covered at birth and for 60 days thereafter. To continue this coverage, notify Delta Dental of Virginia in writing and pay an additional Premium within that 60-day period. If you adopt a child, coverage begins on the day the child is adopted or placed for adoption, or on the day of the final order granting adoption, whichever comes first. If you do not notify us within 60 days of the birth or adoption, you may either add the child during the Open Enrollment Period or request a new Policy.

Adding or Removing Dependents

In addition to the "Coverage for a Newborn/Adopted Child" Qualifying Events, you may add Dependents who lose access to group dental coverage and remove Dependents who gain access to group dental coverage. Any Dependent not subject to these Qualifying Events must be added during the Open Enrollment Period. If we accept the Dependent during the Open Enrollment Period and you pay any additional Premium required, the Dependent will be covered under this Policy on the first day of the next Policy Period.

Notices

All eligibility changes must be mailed to Delta Dental of Virginia, P.O. Box 103, Stevens Point, WI 54481-0103 or emailed to CustomerSupport@DeltaDentalCoversMe.com.

Premiums, Policy Renewal, Grace Period and Reinstatement

Premiums

Your Premiums for this Policy appear on the declaration page. You are responsible for paying Premiums by the due date even if another person has agreed to pay them for you. The first Premium is due on the date that Delta Dental accepts your application. You may choose to pay subsequent Premiums monthly, semiannually, or annually. Subsequent Premiums are due on the first day of each Premium Period. Your Premium payments will be made by either scheduled electronic charge to your credit card or an Electronic Funds Transfer (EFT) from your bank account. You may also pay the full year's Premium by check.

Delta Dental of Virginia may change the Premiums and/or Benefits under this Policy on the first day of any renewal Policy Period. Should this Policy's Premium or any Deductible increase for a renewal Policy Period, we will send you written notice at least 75 days before the renewal Policy Period. Should any Benefits under your Policy decrease, we will send you written notice of the new Benefits at least 60 days before the renewal Policy Period. The Premium change takes effect on the first day of the renewal Policy Period as described in the notice. A renewal Policy Period's Premium due date is the first day of that renewal Policy Period.

Initial Policy Period and Renewal

This Policy's initial Policy Period is 12 months from the first day of the first month for which the Premium is paid. Each subsequent Policy Period is 12 months.

Premium Grace Period

Unless you have notified us within 30 days of its renewal that you wish to terminate your Policy, you will have a 30-day grace period to pay your Premium. Your Policy stays in force during the grace period. If you do not pay your Premium within the grace period, this Policy will automatically terminate on the last day of the grace period.

Policy Reinstatement

If we terminate this Policy for nonpayment of Premium, you must wait 12 months before you are eligible for another Policy.

Choosing a Dentist

You can choose any Dentist to provide dental services, but the Dentist you choose may affect the amount you pay. Our Plan Allowance is the highest amount we will pay for Dental Procedures. In-network Dentists will not charge you more than any Benefit's Plan Allowance; you pay any applicable Deductible and/or Coinsurance. An Out-of-network Dentist, however, may Balance Bill you for charges above our Plan Allowance and any Deductible and Coinsurance, so your out-of-pocket costs will likely be higher.

If Delta Dental of Virginia denies a claim submitted by an In-network Dentist due to a Benefit limitation, that Dentist may be required to provide the additional service at no charge, whereas we do not cover what an Out-of-network Dentist may charge for the additional service.

Information on In-network Dentists

For information on Delta Dental PPO™ and Delta Dental Premier® Dentists, or to locate a Dentist near you, visit DeltaDentalCoversMe.com or call 888.899.3734.

Summary of Dental Benefits

Plan Deductible

The Deductible for Dental Procedures is $75.00 for each Enrollee. The Deductible period starts when your Policy starts and continues for 12 months. This is also called the "Benefit accumulation period."

After your Deductible is satisfied, your Policy pays Benefits according to the coverage percent listed in the following chart. If the coverage percent shown is "80," we will pay 80% of the amount we allow, and you pay the remaining 20%.

The maximum total Benefit paid toward covered services increases upon renewal on each of your first three policy anniversary dates, from $1,750.00 to $2,500.00 at the start of Year 2, to $3,000.00 Year 3, and then unlimited at the start of Year 4. The maximum lifetime Benefit that can be paid for orthodontic services is $2,000.00 for each Enrollee.

Any Benefit Waiting Periods will be waived for you and any covered dependent if you were covered under another comprehensive dental-insurance plan for at least 12 months before you enrolled in this plan and only if there was no more than a 63-day gap between your previous plan and this plan. (You may have to supply information about your previous plan to make sure you qualify for waived waiting periods.).

Schedule of Dental Benefits, Limitations and Coverage

Million Dollar Smile Plan

Deductible applies?	% Covered				Dental Benefit — Per Enrollee
	Year 1	Year 2	Year 3	Year 4	
Diagnostic and Preventive Dental Procedures					
No	100	100	100	100	Examination or evaluation, once per 6 months.
No	100	100	100	100	Basic Cleaning, once per 6 months.
No	100	100	100	100	Bitewing X-rays, one set per 12 months.
No	100	100	100	100	Fluoride (for children through age 14), once per 12 months.
No	100	100	100	100	Full-mouth X-rays, individual series or panoramic, once per 5 years.
No	100	100	100	100	Sealants and preventive restorations on the decay-free, biting surface of permanent molars for children through age 14, one sealant per tooth per lifetime.
No	100	100	100	100	Space maintainers when primary molar is prematurely lost through age 14; one per missing tooth space.
Restorative Dental Procedures					
Yes	80	80	80	80	Composite (tooth colored) or Amalgam (silver-colored) fillings on all teeth. Replacing an existing filling, once per 24 months.
Yes	60	60	60	60	Prefabricated crown on primary teeth, one per 24 months.
Yes	60	60	60	60	Pin retention in addition to restoration once per tooth for permanent teeth when both complete on the same day.
Major Restorative Dental Procedures (a 12-month waiting period applies)					
Yes	60	60	60	60	Crowns on teeth so broken down by dental decay or accidental injury that they can no longer be restored adequately with a filling material, for persons age 12 and up (stainless steel/prefabricated crowns for children to age 12).

Deductible applies?	% Covered				Dental Benefit — Per Enrollee
Yes	60	60	60	60	Core build-up, including any pins, once per tooth. One replacement per 7 years.
Yes	60	60	60	60	Recement crown, recement cast or post and core after 6 months from initial completion. Crown repair. Recementation of crowns and post and core, excepting the same tooth on the same day by the same dental provider.
Yes	60	60	60	60	Additional procedure to construct a crown under existing partial framework.
Yes	60	60	60	60	External bleaching per arch performed in office, once per benefit period. External bleaching per tooth, once per benefit period if no bleaching per arch was provided in the current benefit period. Internal bleaching per tooth, once per benefit period if no bleaching per arch or external bleaching per tooth was provided in the current benefit period. External bleaching performed by home application per arch, once per benefit period. Materials and fabrication of custom trays included and must be submitted by provider.
Periodontic Dental Procedures (a 12-month waiting period applies)					
Yes	60	60	60	60	Basic periodontal cleanings, and scaling in presence of generalized moderate or severe gingival inflammation. Either a Basic Cleaning or a basic periodontal cleaning (not both), once per 6 months.
Yes	60	60	60	60	Full mouth debridement, once per lifetime.
Yes	60	60	60	60	Scaling and root planing (deep cleaning for gum disease), full or partial quadrant. Once per quadrant per 24 months.
Yes	60	60	60	60	Gingivectomy or gingivoplasty, crown exposure, gingival flap or apically repositioning flap procedure; once per quadrant per 3 years, except in conjunction with a restoration on the same day.
Yes	60	60	60	60	Clinical crown lengthening, once per site per 3 years.
Yes	60	60	60	60	Osseous surgery, once per quadrant per 3 years.

Deductible applies?	% Covered				Dental Benefit — Per Enrollee
Yes	60	60	60	60	Bone replacement, guided tissue regeneration, surgical revision, biologic materials to aid in soft and osseous tissue generation, pedicle soft, autogenous and non-autogenous connective, and combined connective tissue and double pedicle, free soft tissue graft procedures; once per 3 years per site, except in conjunction with ridge preservation or augmentation for implants and prosthetics.
Yes	60	60	60	60	Distal or proximal wedge procedure, once per 3 years except in conjunction with surgical procedures in the same area.
Endodontic Dental Procedures (a 12-month waiting period applies)					
Yes	60	60	60	60	Pulpal debridement on primary and permanent teeth.
Yes	60	60	60	60	Apexification.
Yes	60	60	60	60	Pulpal therapy on primary teeth and pulpotomy, excluding final restoration. Therapeutic pulpotomy is limited to primary teeth.
Yes	60	60	60	60	Partial pulpotomy for apexogenesis of permanent teeth with incomplete root development.
Yes	60	60	60	60	Retrograde filling, root amputation or hemisection, excluding final restoration.
Yes	60	60	60	60	Root canal therapy including retreatment, pulp cap, surgical endodontics and apicoectomy; excluding final restoration. Root canal therapy and apicoectomy; once per tooth per 24 months.
Prosthetic/Prosthodontic/Implant Dental Procedures (a 12-month waiting period applies)					
Yes	60	60	60	60	Removable complete or partial denture for persons ages 16 and up. Replacing a defective existing complete or partial denture when either is at least 7 years old. Fixed bridge for persons ages 16 and up where chewing function is impaired due to missing teeth. Replacing a defective existing bridge at least 7 years old. Porcelain/Ceramic/Resin fused to metal on crowns or bridges on front teeth, premolars and first two upper molars.

Deductible applies?	% Covered				Dental Benefit — Per Enrollee
Yes	60	60	60	60	Reline or rebase removable complete or partial dentures, once per 12 months after 6 months from initial placement, 12 months from initial placement for immediate dentures. Complete or partial denture repair, recement or repair fixed bridgework.
Yes	60	60	60	60	Adjustment to removable complete or partial dentures and tissue conditioning.
Yes	60	60	60	60	Fixed partial denture sectioning where a portion of the fixed prosthesis remains intact and serviceable following sectioning and extraction or other treatment.
Yes	60	60	60	60	Surgical placement of endosteal implant; surgical placement of mini implant; surgical placement of eposteal implant. Replacement of implants at least 7 years old.
Yes	60	60	60	60	Implant abutment-supported crowns (porcelain/ceramic, porcelain fused to high noble, predominately based metal or metal, titanium), implant prefabricated or custom abutments (porcelain to high noble, predominately based or cast metal, titanium). Replacement of an implant-supported crown or abutment is covered when it is at least 7 years old.
Yes	60	60	60	60	Implant maintenance and repair procedures.
Yes	60	60	60	60	Recement implant abutment-supported crowns and fixed partial dentures; repair implant abutment and implant removal.
Yes	60	60	60	60	Debridement and osseous contouring of a peri-implant defect.
Nonsurgical Extraction Dental Procedures (a 12-month waiting period applies)					
Yes	60	60	60	60	Extraction of erupted tooth or exposed root, removal of coronal remnants of a primary tooth.
Surgical Extraction and Other Surgical Dental Procedures (a 12-month waiting period applies)					
Yes	60	60	60	60	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap; removal of bone and/or section of tooth
Yes	60	60	60	60	Removal of impacted tooth-soft tissue
Yes	60	60	60	60	Removal of impacted tooth - partially and completely bony
Yes	60	60	60	60	Surgical removal of residual tooth roots

Deductible applies?	% Covered				Dental Benefit — Per Enrollee
Yes	60	60	60	60	Coronectomy - intentional partial tooth removal
Yes	60	60	60	60	Oroantral fistula closure
Yes	60	60	60	60	Primary closure of sinus perforation
Yes	60	60	60	60	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth
Yes	60	60	60	60	Mobilization of erupted or malpositioned tooth to aid eruption
Yes	60	60	60	60	Incisional biopsy of oral tissue - hard and soft
Yes	60	60	60	60	Brush biopsy – transepithelial sample collection
Yes	60	60	60	60	Alveoloplasty; once per quadrant
Yes	60	60	60	60	Surgical excision of soft tissue and intra-osseous lesions
Yes	60	60	60	60	Removal of lateral exostosis, torus palatinus, torus mandibularis.
Yes	60	60	60	60	Incision and drainage of abscess - intraoral and extraoral soft tissue
Yes	60	60	60	60	Maxillary sinusotomy for removal of tooth fragment or foreign body
Yes	60	60	60	60	Frenulectomy; frenuloplasty
Yes	60	60	60	60	Excision of hyperplastic tissue
Yes	60	60	60	60	Excision of pericoronal gingiva
Yes	60	60	60	60	Surgical reduction of fibrous tuberosity
All Other Dental Procedures (a 12-month waiting period applies)					
Yes	50	50	50	50	Orthodontic appliances, treatment, and related services for orthodontic purposes including evaluation, x-rays, extractions, photographs, and study models. Not more than $1,000 of the maximum, or one-half of Delta Dental's total responsibility, shall be payable at the time of initial banding. Delta Dental shall pay monthly payments throughout the length of treatment submitted, based upon eligibility.
Yes	60	60	60	60	General anesthesia, deep sedation, IV conscious sedation in conjunction with covered surgical (cutting) procedures; one method per episode of treatment.

Optional Procedures

We will pay the Plan Allowance for the least expensive Dental Procedure that restores the tooth or dental arch to contour and function if that Dental Procedure is a Benefit. You will be responsible for the balance of the Dentist's fee for a more expensive Dental Procedure. For each Benefit, any applicable Deductible and Coinsurance will apply regardless of the Dental Procedure.

Schedule of Policy Exclusions

This Policy does not cover:

1. Cosmetic work done on dentures and any procedures done to restore the height and/or width of the teeth.

2. Uncompleted multistage procedures. Removable dentures, temporary dentures and bridges are completed when they are placed in a patient's mouth. Fixed partial dentures and crowns are completed when they are cemented in. Root canals are completed when the canals are permanently filled. The completion date has to be listed on the claim, and any date other than a completion date must be accurately described (e.g., "prep date"). Monthly payments for orthodontic treatment that is stopped for any reason before it is complete. Treatment is in progress if an appliance or banding has been placed and the patient is receiving treatment by the attending orthodontist according to a current treatment plan. Liability for orthodontic treatment in progress shall extend only to the unearned portion of the treatment in progress (that portion occurring after enrollment) and Delta Dental shall be the sole determinant of this unearned amount eligible for coverage.

3. General anesthesia/intravenous (deep) sedation, except as specified in the Schedule of Dental Benefits.

4. Crowns for Covered Dependents under age 12.

5. Prosthetics for Covered Dependents under age 16.

6. Over-the-counter bleaching kits.

7. Services rendered for injuries or conditions which are compensable under workers' compensation or employer's liability laws; services which are provided by any federal or state or provincial government agency, or are provided without cost to the Policyholder or Covered Dependent by any municipality, county or political subdivision or community agency, except to the extent that such payments are insufficient to pay for the Benefits contained in this Policy.

8. Application of desensitizing agents.

9. Treatments that are still under investigation or observation.

10. Prescription drugs.

11. Pain relievers such as nitrous oxide, conscious sedation, euphoric drugs or injections.

12. Hospitalization and related charges.

13. Consultations or second opinions.

14. Charges for broken appointments.

15. Patient management problems.

16. Charges for completion of claim forms.

17. Habit-breaking appliances.

18. Temporomandibular joint (TMJ) services or supplies.

19. Oral hygiene instructions, tobacco, and nutritional counseling.

20. Any dental services or items provided to an Enrollee on active service in the Armed Forces.

21. Any dental services required because of civil disobedience, a criminal act or self-inflicted injury.

22. Any dental services performed or started before this Policy took effect.

23. Any dental services performed or started after this Policy ends.

24. Laboratory tests and/or laboratory examinations.

25. Anything determined (by Delta Dental of Virginia) not to be necessary for treating a dental condition, disease, or injury.

26. Periodontal charting, which is considered a component of the diagnosis and treatment of periodontal disease.

27. Benefits not performed by or under the direction of a Dentist or other approved licensed professional.

28. Replacement of a lost, missing, or stolen denture or bridge.

29. Duplicate dentures or bridges, or any other duplicate appliance.

30. Free services or supplies.

31. Services covered or provided under any other plan or policy.

32. Inlays and onlays.

33. Repair or replacement of a space maintainer.

34. Cases in which the treating Dentist has indicated a satisfactory result cannot be obtained or there is little or no likelihood of a successful and lasting result based on the patient's dental condition.

35. Claims not submitted within 12 months of the date of service.

36. Any other service not specifically listed in this Policy as a Benefit.

37. Any services billed under multiple procedure codes but determined by us to be either a component part of or incorporating a more comprehensive or primary procedure code. This exclusion is subject to any and all Appeals available to you. Delta Dental bases its payment on the Plan Allowance for the underlying component codes.

38. Services performed by an Out-of-network Dentist and denied due to a Benefit limitation. If the service was provided by an In-network Dentist, that Dentist may be required to provide the additional service at no charge to you.

Predeterminations, Claims, Appeals and Grievances

Predetermination of Benefits

A Predetermination of Benefits is a detailed description of dental services that you may ask your Dentist to send to Delta Dental. The Predetermination of Benefits details what's covered, what we will pay and what your share of the cost will be before you have dental work. A Predetermination of Benefits is not an authorization for services nor a guarantee of payment; it is a notification of Benefits available at the time the Predetermination of Benefits is made.

A Predetermination of Benefits is valid for 12 months, unless your Benefits terminate. We will make payments based on your available Benefits, limitations as described in your Policy, your continued eligibility under the Policy, the current plan provisions when the treatment is provided and all other Policy terms.

Filing Claims

When you visit the Dentist, show your ID card. After your visit, you or your Dentist should file your claim with Delta Dental within 90 days. Unless there are special circumstances, you should receive an Explanation of Benefits (EOB) within 30 days. If we deny a claim because we need more information, the Explanation of Benefits will state the information we need.

In-network Dentists file all claims with us directly; some Out-of-network Dentists may not. To file the claim yourself, mail a copy of the itemized claim form to Delta Dental of Virginia, P.O. Box 103, Stevens Point, WI 54481.

To find a list of In-network Dentists, visit DeltaDentalCoversMe.com or call 888.899.3734.

Benefits by Out-of-network Dentists

Out-of-network Dentists have not agreed to accept the coverage percent outlined in the Schedule of Dental Benefits as full payment. After Delta Dental pays its portion of the Out-of-network Dentist's bill, you pay the rest, including any Deductible. In most cases, we will pay you directly for covered benefits unless an Assignment of Benefits is made with Delta Dental and any such payment is your responsibility to remit to your Out-of-network Dentist.

Dental Procedure Incurred

A Dental Procedure is incurred on the date it is completed. Claims not filed within 12 months after that date will be denied.

Appeal Procedures

You have the right to Appeal a denied claim or adverse Benefit determination. Adverse Benefit determinations are decisions we make that result in denial, reduction or termination of a Benefit or the amount paid. Adverse Benefit determinations can result if the individual is not an Enrollee, or if the Dental Procedure is not included in the list of Benefits, is specifically excluded, exceeds a Benefit limitation or is not a Dental Necessity.

Notice to Claimant of Adverse Benefit Determinations

We will send notice of adverse Benefit determinations within the periods shown in the following chart.

Type of Claim		Claim Procedures and Appeal Process
Post-service health claim A claim that is a request for payment under Delta Dental of Virginia for Benefits already received.	Step 1:	Delta Dental of Virginia has 30 days after receiving your initial claim to notify you of the Benefit determination. We can take a one-time extension of 15 days for matters beyond our control. We must notify you within the initial 30-day period of the extension and the reason for the extension.
	Step 2:	For a denied claim, you have 180 days to Appeal the initial adverse Benefit determination and 60 days to Appeal any subsequent determinations.
	Step 3:	Delta Dental of Virginia has a two-level Appeal process. We have 30 days after receiving your Appeal to notify you of the Appeal decision and 30 additional days for the 2nd level Appeal. Both levels of Appeal must be completed within the 60-day deadline.
Improper or incomplete claim A claim that does not include enough information for us to make a determination.	Step 1:	Delta Dental of Virginia has 30 days after receiving your claim to notify you of its decision. We can take a one-time extension of 15 days if we are unable to make a Benefit determination due to insufficient information received with the claim. After receipt of the initial claim, we must notify you within 15 days if an extension is necessary.
	Step 2:	You have 45 days after receiving the extension notice to provide additional information or complete the claim. If the requested information is not received, your claim will be denied.
	Step 3:	For a denied claim, you have 180 days to Appeal the initial adverse Benefit determination and 60 days to Appeal any subsequent determinations.
	Step 4:	Delta Dental of Virginia has a two-level Appeal process. We have 30 days after receiving your first-level Appeal to notify you of the Appeal decision and 30 additional days for the second-level Appeal. Both levels of Appeal must be completed within the 60-day deadline.

Authorized Representative

You may authorize a representative to act on your behalf in pursuing an Appeal. We may require that you name your authorized representative in writing in advance. For an urgent care claim, you may designate a

dental care professional knowledgeable about your dental condition to act on your behalf. We will deal directly with your authorized representative for matters involving the claim or Appeal.

Appeals of Adverse Benefit Determinations

Most issues you may encounter can be resolved by our customer service representatives, who are available during regular business hours. You can reach us at 888.899.3734 or the toll-free number on the bottom of your Delta Dental member ID card. Individuals with special hearing requirements may contact us by calling the AT&T TTY/TDD Service Center at 877.287.9039 and ask for the Customer Service line, 888.899.3734. Our Appeal process is for matters that cannot be resolved over the phone.

You or your authorized representative must file the Appeal in writing and explain why you believe our decision was incorrect. Your Appeal should include the following information:

- Name, address and daytime phone number;
- The Policyholder ID number (as shown on the ID card);
- The patient's name, address and daytime phone number; and
- The date of service, name and address of the Dentist who provided the service.

You may submit written comments, documents, records and other information relating to the claim even though we did not consider the information when making the initial decision. You may request, at no charge, reasonable access to and copies of all documents, records and other information relevant to your claim.

We will conduct the Appeal without deferring to the original adverse decision. The individual conducting the Appeal will not be the person who made the initial decision or that person's subordinate. We will consult a dental care professional who has appropriate training and experience in the field of dentistry if dental judgment is required. The dental care professional we consult for the Appeal will not be the person we consulted in making the initial decision or that person's subordinate. Upon request, we will identify the dental professional we consulted, whether or not we relied on their advice to reach our adverse decision.

Send your request for Appeal of an adverse Benefit determination to:

Delta Dental of Virginia
Attn: Appeal Review
PO Box 103
Stevens Point, WI 54481-0103

Grievances

Delta Dental of Virginia would like you to be completely satisfied with the dental care and services you receive, but we know there are times you may have questions, concerns or complaints. If you are dissatisfied with the service received from us or an In-network Dentist, you may file a Grievance by writing to:

Delta Dental of Virginia
Attn: Grievance Review
PO Box 103
Stevens Point, WI 54481-0103

External Assistance

You may also contact the following state agencies for assistance:

Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Richmond, Virginia 23233-1463
Toll-Free: 800.955.1819 • Richmond: 804.367.2106 • Fax: 804.527.4503
Email: mchip@vdh.virginia.gov • Website: vdh.virginia.gov

Consumer Service Section
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218
Toll-Free: 800.552.7945 (Virginia) • 877.310.6560 (National)
Richmond: 804.371.9691 • Fax: 804.371.9944
Email: bureauofinsurance@scc.virginia.gov • Website: scc.virginia.gov/pages/Bureau-of-Insurance

If you have any questions regarding an Appeal or Grievance, you may contact the Office of the Managed Care Ombudsman:

Office of Managed Care Ombudsman
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218
Toll-Free: 877.310.6560 • Richmond: 804.371.9032 Fax: 804.371.9944
Email: ombudsman@scc.virginia.gov • Website: scc.virginia.gov

Termination of Benefits

Termination by Policyholder

This Policy has a 12-month Policy Period. You may decline to renew this Policy by sending written notice at least 30 days before the end of the Policy Period. If this Policy terminates for nonpayment of Premium, you must wait 12 months before we will issue you another Policy.

Termination by Delta Dental of Virginia

Delta Dental may terminate the Policy if:

- You fail to pay the Premium when due.
- You intentionally misrepresent a material fact, as determined by us.
- You permit a person not covered under this Policy to use your member ID card.
- You fail to comply with the Policy provisions, as determined by us.

If we terminate this Policy before the end of a paid Premium Period, we will refund your unused Premium.

Mid-Term Termination by Policyholder

You may terminate coverage during the Policy Period only if:

- You or any Covered Dependent becomes covered under a group dental plan offered by your employer.
- Either you die or a Covered Dependent dies. If you die, your covered spouse shall become the insured, and any other Dependents covered under your Policy may choose to continue the Policy. If a Covered Dependent dies, you may terminate coverage under the Policy for that Covered Dependent.
- Your Dentist leaves the Delta Dental network.
- You or a Covered Dependent enters full-time United States military service. If you enter military service, you may choose to terminate the Policy or to continue the Policy for your Dependents. If a Covered Dependent enters military service, you may terminate coverage for that Covered Dependent.
- Your Dependent's marital status changes.

You must notify us within 30 days of the date that any of the above events occur and provide us with sufficient proof of the occurrence. If you comply with the notification and proof requirements of termination, we will make an equitable refund of any unused Premium to you.

Effective Date of Termination

All coverage will cease on the date this Policy is terminated. This Policy will terminate on the earliest of:

- The last day of the grace period if you don't pay your Premium.
- The last day of the prior Policy Period if you don't renew this Policy.
- The date of your death if there are no Covered Dependents who wish to continue the Policy.
- The date of any Covered Dependent's death, but only for the Covered Dependent.
- The last day of the Policy Period during which you move out of Virginia.
- The last day of the month in which you obtain group dental coverage.

- The Policy's Effective Date if we discover fraudulent conduct or misleading material information relating to your Application. If we terminate your Policy back to its original Effective Date, Delta Dental will return the Premium that you paid us minus any claims that we paid. If the claims that we paid exceed the Premium that you paid, you may be responsible for the difference.

General Provisions

Delta Dental of Virginia's Liability

Delta Dental of Virginia is not responsible for the actual care you receive from any person. This Policy does not give anyone any claim, right or cause of action against us based on what a provider of dental care, services or supplies does or does not do.

Notices

Except as otherwise provided in this Policy, any notice sent to Delta Dental of Virginia must be sent in writing and is considered delivered when presented in person, sent to us at the email address shown below or by registered or certified United States mail, return receipt requested, postage paid and addressed to:

Delta Dental of Virginia
P.O. Box 103
Stevens Point, WI 54481-0103
Email: CustomerSupport@DeltaDentalCoversMe.com

Notices to you will be considered sufficient if sent to your last known physical address or email address.

Governing Law

This Policy shall be governed by the laws of the Commonwealth of Virginia. With the exception of the Appeal process outlined in this Policy, you agree that all legal actions will be filed in the state and federal courts located in the County of Roanoke, Commonwealth of Virginia.

As a managed care health insurance plan operating in the Commonwealth of Virginia, Delta Dental of Virginia is subject to regulation by both the Virginia State Corporation — Bureau of Insurance (pursuant to Title 38.2 of the Code of Virginia) and the Virginia Department of Health (pursuant to Title 32.1 of the Code of Virginia).

Nonwaiver and Severability

No delay or failure by us to exercise any remedy or right accruing to it hereunder shall impair any such right or be construed to be a waiver of any such remedy or rights, nor shall it affect any subsequent remedies or rights that we may have hereunder, whether or not the circumstances are the same.

Entire Contract Changes

The entire contract of insurance between you and Delta Dental of Virginia is comprised of this Policy, the Application, the declaration page, schedule of dental Benefits, exclusions and limitations and any endorsements and riders.

No oral statements by any person shall modify or otherwise affect the Benefits, limitations, conditions or exclusions of this Policy, convey or void any coverage, increase or reduce Benefits under the Policy (including the schedule of dental Benefits and limitations), or be used in the prosecution or defense of a claim

under this Policy.

Important Information About Your Policy

Use the following address and phone number should you need to contact Delta Dental about this Policy:

Delta Dental of Virginia
P.O. Box 103, Stevens Point, WI 54481-0103
888.899.3734• TTY/TDD: 877.287.9039

We recommend that you familiarize yourself with our Grievance procedure and make use of it before taking any other action. If you have been unable to obtain satisfaction from Delta Dental, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Consumer Service Section
Virginia Bureau of Insurance
P.O. Box 1157, Richmond, Virginia 23218
Toll-Free: 800.552.7945 (Virginia only) • 877.310.6560 (National)
Richmond: 804.371.9691 • Fax: 804.371.9944
Email: bureauofinsurance@scc.virginia.gov • Website: scc.virginia.gov/pages/Bureau-of-Insurance

Written correspondence is preferable so a record of your inquiry is maintained. When contacting Delta Dental of Virginia or the Bureau of Insurance, have your Policy number available.

Nondiscrimination and Accessibility Requirements

Delta Dental of Virginia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sexual orientation. We provide written information in other languages, as well as free aids and services to people with disabilities, such as qualified sign language interpreters and information in large print, audio and assistive technology formats. If you need these aids or services, contact Delta Dental's Customer Service at: 888.899.3734, TTY: 877.287.9039, Fax: 715.344.9058, or email: compliance_wi@deltadentalwi.com.

If you believe that Delta Dental has failed to provide these aids or services, or has discriminated on the basis of race, color, national origin, age, disability, or sexual orientation, you may file a Grievance with:

Compliance Manager
P.O. Box 103 Stevens Point, WI 54481
715.344.6087 • TTY: 711 • Fax: (715) 344.9058
Email: compliance_wi@deltadentalwi.com

You may also file a complaint with the U.S. Department of Health and Human Services at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201
800.368.1019 • 800.537.7697 (TDD) • Website: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

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.

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.

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)	ເຊີນຊາບ: 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 1-888-899-3734 (TTY: 711) ñe ejab kenono ibben armij ak opij eo ej 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).

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 دهندهارائه 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.

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 เรามีบริการความช่วยเหลือด้านภาษาฟรีนอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-888-899-3734 (TTY: 711) 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).