Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
This health plan is offered by Quartz Health Plan MN Corporation

9829412 - QUARTZ SELECT SILVER (DENTAL & VISION) $0 DED FLAT RX COPAYS DIRECT

Coverage Period: 1/1/2026 - 12/31/2026
Coverage for: Individual/Family | **Plan Type:** HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit **www.QuartzBenefits.com/certlookup** or call 1-800-362-3310. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at **https://www.healthcare.gov/sbc-glossary** or call Customer Success: 1-800-362-3310 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	Individual: **$0** per Benefit Year Family: **$0**/individual or **$0**/family per Benefit Year	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes. Preventive care services and prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Individual: **$9,900** per Benefit Year Family: **$9,900**/individual or **$19,800**/family per Benefit Year	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance billing charges (unless balance billing is prohibited), adult dental coinsurance, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See http://quartzbenefits.com/select	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference

	or call 1-800-362-3310 for a list of network providers.	between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	In-Network providers: No. Out-of-Network providers: Yes, written referral is required.	In-Network: You can see the specialist you choose without a referral. Out-of-Network: This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	**Services You May Need**	**What You Will Pay**		**Limitations, Exceptions, & Other Important Information**
		In Network (You will pay the least)	**Out-of-Network (You will pay the most)**	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$55 copay/visit	Not covered	Virtual Visits and Telehealth Visits are covered at no charge.
	Specialist visit	$110 copay/visit	Not covered	A covered Telehealth visit applies the same cost-sharing as an in-person visit.
	Other practitioner office visit	Chiro/Adult Vision: $55 copay/visit	Not covered	Benefits are not available for care that is Maintenance and Supportive Care.
	Preventive care/screening/ immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab: $55 copay/day X-Ray: $110 copay/day	Not covered	Prior authorization may be required. See www.QuartzBenefits.com/MNPAList or call (800) 362-3310 for additional information.
	Imaging (CT/PET scans, MRIs)	$500 copay per day	Not covered	---------------none---------------
If you need drugs to treat your illness or condition	Low Cost Generic	$10 copay/prescription	Not covered	Preventive medications are covered without member cost sharing as specified on the formulary. Multiple copays will apply for claims of greater than 30 day supply when covered; for claims of
	Generic | Tier 1	$35 copay/prescription	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out-of-Network (You will pay the most)	
More information about **prescription drug coverage** is available at www.QuartzBenefits.com/formulary	Preferred Brand | Tier 2	$150 copay/prescription	Not covered	31 to 60 days supply, two copays will apply, and for claims of 61 to 90 days supply, three copays will apply. Coverage restrictions may apply to some medications. See the Quartz Formulary for details; the formulary is subject to change following quarterly Pharmacy & Therapeutics Committee meetings, or following updates to drug availability (e.g., new generic drugs). Manufacturer-funded cost-sharing assistance will be credited to your Annual Maximum Out-of-Pocket Limit.
	Non-Preferred Brand & Generic | Tier 3	$300 copay/prescription	Not covered	
	Specialty | Tier 4	$600 copay/prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$500 copay/visit	Not covered	Prior authorization may be required. See www.QuartzBenefits.com/MNPAList or call (800) 362-3310 for additional information. Oral Surgery benefits are administered by Momentum Insurance Plans. For Customer Service, call 1-855-333-3511.
	Physician/surgeon fees	50% coinsurance	Not covered	
If you need immediate medical attention	Emergency room care	$1,200 copay/visit	$1,200 copay/visit	Emergency room copay waived if admitted. Foreign claims for emergency care are subject to a $20,000 limit per Benefit Year.
	Emergency medical transportation	50% coinsurance	50% coinsurance	Foreign claims for emergency care are subject to a $20,000 limit per Benefit Year.
	Urgent care	$110 copay/visit	$110 copay/visit	Virtual Visits and Telehealth Visits are covered at no charge.
If you have a hospital stay	Facility fee (e.g., hospital room)	$1,500 copay per day	Not covered	Prior authorization is required. See www.QuartzBenefits.com/MNPAList or call (800) 362-3310 for additional information.
	Physician/surgeon fees	50% coinsurance	Not covered	

Common Medical Event	Services You May Need	What You Will Pay In Network (You will pay the least)	 Out-of-Network (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$55 copay/visit	Not covered	Virtual Visits and Telehealth Visits are covered at no charge.
	Inpatient services	$1,500 copay per day	Not covered	Prior authorization is required. See www.QuartzBenefits.com/MNPAList or call (800) 362-3310 for additional information.
If you are pregnant	Office visits	No charge	Not covered	Prenatal care services include education, routine evaluation of the growth & development of the fetus, routine prenatal screenings, and routine prenatal care visits. You may be responsible for cost-sharing for other services that are not considered prenatal care. Prior authorization is required. See www.QuartzBenefits.com/MNPAList or call (800) 362-3310 for additional information.
	Childbirth/delivery professional services	50% coinsurance	Not covered	
	Childbirth/delivery facility services	$1,500 copay per day	Not covered	
If you need help recovering or have other special health needs	Home health care	50% coinsurance	Not covered	Coverage is limited to 120 visits per Benefit Year. Prior authorization is required. See www.QuartzBenefits.com/MNPAList or call (800) 362-3310 for additional information.
	Rehabilitation services	$110 copay/visit	Not covered	Prior authorization is required after 20 visits per therapy discipline (Physical, Speech, and Occupational therapy and Pulmonary Rehab) per Benefit Year. Cardiac Rehab – Prior authorization is required after 36 visits per Benefit Year. Inpatient Rehab is limited to 60 days per Benefit Year. Post Cochlear Implant Aural Therapy - Prior authorization is required after 30 visits per Benefit Year. A covered Telehealth visit applies the same cost-sharing as an in-person visit.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out-of-Network (You will pay the most)	
	Habilitation services	$110 copay/visit	Not covered	Prior authorization is required after 20 visits per therapy discipline (Physical, Speech, and Occupational therapy and Pulmonary Rehab) per Benefit Year. A covered Telehealth visit applies the same cost-sharing as an in-person visit.
	Skilled nursing care	$1,500 copay per day	Not covered	Coverage limited to 120 days per confinement. This benefit is combined with the Swing Bed Care benefit. Prior authorization is required. See www.QuartzBenefits.com/MNPAList or call (800) 362-3310 for additional information.
	Durable medical equipment	50% coinsurance	Not covered	Purchase of DME with a per unit cost of $500 or more (except for hearing aids and glasses/contacts) and all DME rentals must be Prior Authorized. Glasses/contacts for Adult Routine Vision are limited to one pair of glasses or set of contacts per Benefit Year. Quartz's contribution to adult vision hardware is limited to $100, after DME cost-sharing. Coverage for -- Hearing Aids: Limited to one per ear every 36 months. To obtain the list of covered hearing aid models log onto www.QuartzBenefits.com/hearingaids or contact Customer Success.
	Hospice services	50% coinsurance	Not covered	Prior authorization is required. See www.QuartzBenefits.com/MNPAList or call (800) 362-3310 for additional information.
If your child needs dental or eye care	Children's eye exam	$55 copay/visit	Not covered	---------------none---------------
	Children's glasses	50% coinsurance	Not covered	Limited to one pair of glasses or set of contacts per Benefit Year.
	Children's dental check-up	No charge	Not covered	Dental benefits are administered by Momentum Insurance Plans. For Customer Service, call 1-855-333-3511.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn’t a complete list. Check your policy or plan document for other excluded services.)

- Bariatric surgery
- Cosmetic surgery
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing
- Weight loss programs
- Non-formulary drugs without an approved exception

Other Covered Services (This isn’t a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Abortion
- Acupuncture (Limited)
- Chiropractic care
- Dental care (Adult)
- Hearing aids
- Routine eye care (Adult)
- Routine foot care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Minnesota Department of Health at 1-800-657-3916 or 651-201-5100, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa, or contact Quartz at 1-800-362-3310. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.mnsure.org or call 1-855-366-7873.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or for assistance, contact: Minnesota Department of Health, Managed Care Section, P.O. Box 64882, St. Paul, Minnesota 55164-0882, 1-800-657-3916 or 651-201-5100. If coverage is under a group health plan, contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Does this Plan Provide Minimum Essential Coverage? **Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this Coverage Meet the Minimum Value Standard? **Not Applicable**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-362-3310 or 1-800-877-8973 (TTY).
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-362-3310 or 1-800-877-8973 (TTY)
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-362-3310 or 1-800-877-8973 (TTY)Navajo (Dine):
Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-362-3310 or 1-800-877-8973 (TTY)

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ **The plan's overall deductible**	**$0**
■ **Specialist copayment**	**$110**
■ Hospital (facility) coinsurance	**50%**
■ Other coinsurance	**50%**
This EXAMPLE event includes services like: Specialist office visits *(prenatal care)* Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (*ultrasounds and blood work)* Specialist visit *(anesthesia)*	
Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$1,900
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Peg would pay is	**$1,900**

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ **The plan's overall deductible**	**$0**
■ **Specialist copayment**	**$110**
■ Hospital (facility) coinsurance	**50%**
■ Other coinsurance	**50%**
This EXAMPLE event includes services like: Primary care physician office visits (*including disease education*) Diagnostic tests *(blood work)* Prescription drugs Durable medical equipment *(glucose meter)*	
Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$1,100
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Joe would pay is	**$1,100**

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ **The plan's overall deductible**	**$0**
■ **Specialist copayment**	**$110**
■ Hospital (facility) coinsurance	**50%**
■ Other coinsurance	**50%**
This EXAMPLE event includes services like: Emergency room care *(including medical supplies)* Diagnostic test *(x-ray)* Durable medical equipment *(crutches)* Rehabilitation services *(physical therapy)*	
Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$1,400
Coinsurance	$600
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,000**

The plan would be responsible for the other costs of these EXAMPLE covered services.

Notice of Non-Discrimination and Availability of Language Assistance Services and Auxiliary Aids and Services

Quartz is the brand name for a group of companies committed to your health: Quartz Health Benefit Plans Corporation, Quartz Health Insurance Corporation, Quartz Health Plan Corporation, and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, "we" refers to all Quartz companies.

For assistance understanding these materials in a language other than English, call (800) 362-3310, and a Customer Success representative will assist you. TTY users should call 711 or (800) 877-8973.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (includes sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). Quartz does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us and to participate in health programs or activities, such as -

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

We provide free language services to people whose primary language is not English, such as -

- Qualified interpreters
- Information written in other languages.

If you need these services, contact Customer Success at (800) 362-3310.

If you believe we 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-

Chief Compliance Officer
2650 Novation Parkway
Fitchburg, WI 53713
Phone: (800) 362-3310
TTY: 711 or toll-free (800) 877-8973
Fax: (608) 644-3500
Email: AppealsSpecialists@QuartzBenefits.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Chief Compliance Officer 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html. Quartz is a Qualified Health Plan issuer in the Health Insurance Marketplace® in certain states. To learn more, visit the Health Insurance Marketplace® at HealthCare.gov.

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (800) 362-3310, TTY: 711 / (800) 877-8973.

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 (800) 362-3310. TTY: 711 / (800) 877-8973 o hable con su proveedor.
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 (800) 362-3310. TTY: 711 / (800) 877-8973 或咨询您的服务提供商。
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 (800) 362-3310. TTY: 711 / (800) 877-8973 los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.
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 (800) 362-3310. TTY: 711 / (800) 877-8973 или обратитесь к своему поставщику услуг.
Vietnamese - LƯU Ý: Neếu bạn nói tieếng Việt, chúng tôi cung caếp mieễn phí các dịch vụ hoễ trợ ngôn ngữ. Các hoễ trợ dịch vụ phù hợp đeế cung caếp thông tin theo các định dạng deễ tieếp cận cũng được cung caếp mieễn phí. Vui lòng gọi theo soế (800) 362-3310. TTY: 711 / (800) 877-8973 hoặc trao đoểi với người cung caếp dịch vụ của bạn.
Laotian - ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ (800) 362-3310. TTY: 711 / (800) 877-8973 ຫຼື ລົມກັບຜູ້ໃຫບໍລິການຂອງທ່ານ.
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 (800) 362-3310. TTY: 711 / (800) 877-8973 an oder sprechen Sie mit Ihrem Provider.

Pennsylvania Dutch - LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel (800) 362-3310. TTY: 711 / (800) 877-8973 of spreek met je provider."

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 3310-362 (800)1. TTY: 711 / (800) 877-8973 أو تحدث إلى مقدم الخدمة".

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 (800) 362-3310. TTY: 711 / (800) 877-8973 lub porozmawiaj ze swoim dostawcą.

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 (800) 362-3310. TTY: 711 / (800) 877-8973 ou parlez à votre fournisseur.

Hindi - �ान द�: य�द आप �ह�दी बोलते ह�, तो आपके �लए �नःशु� भाषा सहायता सेवाएं उपल� होती ह�। सुलभ प्रारूप� म� जानकारी प्रदान करने के �लए उपयु� सहायक साधन और सेवाएँ भी �नःशु� उपल� ह�। । (800) 362-3310. TTY/ TDD: 711 /
(800) 877-8973 पर कॉल कर� या अपने प्रदाता से बात कर�।

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. (800) 362-3310. TTY: 711 / (800) 877-8973 번으로 전화하거나 서비스 제공업체에 문의하십시오.

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 (800) 362-3310. TTY: 711 / (800) 877-8973 ose bisedoni me ofruesin tuaj të shërbimit.

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 (800) 362-3310. TTY: 711 / (800) 877-8973 o makipag-usap sa iyong provider.

Somali - FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac (800) 362-3310. TTY: 711 / (800) 877-8973 ama la hadal bixiyahaaga. Gargaarsi gargaaraa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa dhaqqabamaa ta'een kennuunis bilisaan ni argama.

Cushite (Oromo) - XIYYEEFFANNOO: Afaan Kushii yoo dubbattan tajaajilli gargaarsa afaanii bilisaan isiniif ni kennama. Gargaarsi gargaaraa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa dhaqqabamaa ta'een kennuunis bilisaan ni argama. (800) 362-3310 bilbili. TTY: 711 / (800) 877-8973 ykn dhiyeessaa keessan waliin haasa'aa.

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 (800) 362-3310. TTY: 711 / (800) 877-8973 ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Karen - ဆူ- နမ့်ကတိၤ ထၢ�ုဘ်လီၤဖဲအံၤ အဃိ, တၢ်အိဉ်ဒီး ကိျဘ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလၢာ် ဘူဉ်လၢာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ �ကၢးအဘဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢမ် ၤန့ၢ်အီၤသ့တဖဉ် လၢတလၢာ်ဘူဉ်လၢာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး (800) 362-3310. TTY: 711 / (800) 877-8973 မ့တမ့ၢ် ကတိၤတၢဒီဉ် ၤး နပှၤလၢဟ့ဉ် နတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

Mon-Khmer, Cambodian (Khmer) - សូមយកចិត្តទុកដក់៖ ប្រសិនបេបើអ្នកនិយយភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ��ការផ្ដល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ �ទូរសព្ទ� (800) 362-3310. TTY: 711 / (800) 877-8973 ឬនិយយជា�កានអ្នកផ្ដល់សេវារបស់អ្នក។

Serbo-croatian (Serbian) - ПАЖЊА: Ако говорите српскохрватски, доступне су вам бесплатне језичке услуге. Бесплатна су и одговарајућа помоћна помагала и услуге за пружање информација у приступачним форматима. Позовите (800) 362-3 ТТИ: 711 / (800) 877-8973 или разговарајте са својим провајдером.

Thai - หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ (800) 362-3310. TTY: 711 / (800) 877-8973 หรือปรึกษาผู้ให้บริการของคุณ ”

Gujarati - ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મ�ટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. કૉલ કરો (800) 362-3310. TTY: / (800) 877-8973 અથવા તમારા પ્રદાતા સાથે વાત કરો.

Urdu - توجہ: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (800) 3310-362 پر کال کریں۔ TTY: 711 / (800) 877-8973 یا اپنے فراہم کنندہ سے بات کریں۔

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'(800) 362-3310. TTY: 711 / (800) 877-8973 o parla con il tuo fornitore.

Greek - ΠΡΟΣΟΧΗ: Εαάν μιλαάτε ελληνικαά, υπαάρχουν διαθεάσιμες δωρεαάν υπηρεσιάες υποστηάριξης στη συγκεκριμεάνη γλωά σσα. Διατιάθενται δωρεαάν καταά λληλα βοηθηάματα και υπηρεσιάες για παροχηά πληροφοριωά ν σε προσβαά σιμες μορφεάς. Καλεάστε το (800) 362-3310. TTY: 711 / (800) 877-8973 ηά απευθυνθειάτε στον παάροχοά σας.

Nepali - �ान �दनुहोस्: य�द तपाइँ नेपाली बोल्नुहु� भने, तपाइँलाई �नःशु� भाषा सहायता सेवाहरू उपल� छन्। पहुँचयो� ढाँचाहरूमा जानकारी प्रदान गनर् उपयु� सहायक सहायताहरू र सेवाहरू प�न �नःशु� उपल� छन्। क�(800) 362-
3310। TTY: 711 / (800) 877-8973 वा आ�ो प्रदायकसँग कुरा गनुर्होस्।

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 (800) 362-3310. TTY: 711 / (800) 877-8973 або зверніться до свого постачальника.

Tibetan - ཟོ�ང་ཁག་ཏེ�ེད་རང་གིས་བོད�ད་ཤེས་ན�ེད་རང་ལ་རིན་མེད�ད་ཡིག་རོགས�ོར�ི་ཞབས�ཡོད། འོས་འཚམ�ི་རོགས་རམ་དང་ཞབས�དེ་དག་གིས་གནས�ལ་ཐོབ�བ་པའི�མ་པ་ནང་��ོད�བ་པ་དེ་དག�ང་རིན་མེད��ོད�བ�ི་ཡོད། ཁ་པར་(༨༠༠)༣༦༢-༣༣༡༠ TTY: 711 / (800) 877-8973
ཡང་ན�ེད�ི་མཁོ�ོད�ེད་མཁན་ལ�ད་ཆ་བཤད་རོགས།

Wolof - FÀTTAL: Sooy wax Wolof, ay serwiis yu lay jàppale ci làkk wi doo fay. Ay ndimbal ak ay serwiis yu war ngir joxe leeral ci formaa yu yomb am nañu ci te doo fay. Woowal (800) 362-3310. TTY: 711 / (800) 877-8973 wala nga waxtaan ak sa joxekat.