

This plan is jointly offered by Quartz Health Benefit Plans Corporation and Quartz Health Insurance Corporation.



Schedule of Benefits

9076750 - QUARTZ ONE GOLD G405 HSA AGGREGATE POS-IL

Coverage Period: 1/1/2021 - 12/31/2021

*Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!*

*Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out of hospital care, subject to any deductibles, co - payment provisions, or other limitations that may be set forth in the policy. Basic hospital or basic medical insurance coverage is not provided.*

Medical Benefits	In Network	Out of Network
Annual Deductible	\$2,500 Single/\$5,000 Family per Benefit Year	\$5,000 Single/\$10,000 Family per Benefit Year
Coinsurance	0% coinsurance	20% coinsurance
Annual Maximum Out-of-Pocket	\$2,500 Single/\$5,000 Family per Benefit Year	\$10,000 Single/\$20,000 Family per Benefit Year
Preventive Services	No Charge	20% coinsurance after deductible
Dependent Age	26	26
Deductible Information	If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.	
Out-of-Pocket Limit Information	Your plan will begin to pay 100% of covered essential health benefits for an individual member when the single out-of-pocket limit is met. The most your family will pay for essential health benefits is the family out-of-pocket limit.	
HSA Qualified Plan	Yes	
Prior Authorization	Prior authorization may be required for certain services. See <a href="http://QuartzBenefits.com/ILPAList">QuartzBenefits.com/ILPAList</a> or call Customer Service for additional information	

Physician Services	In Network	Out of Network
Office Visit	No charge after deductible	20% coinsurance after deductible
Chiropractor Visits	No charge after deductible	20% coinsurance after deductible
Hearing Examination	No charge after deductible	20% coinsurance after deductible
Podiatry Services	No charge after deductible	20% coinsurance after deductible
Vision Examination	No charge after deductible; One Routine Vision exam is covered with no charge	20% coinsurance after deductible

Questions? Visit us at [www.quartzbenefits.com](http://www.quartzbenefits.com) or call 1-800-362-3310.

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POS

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<b>Video/Virtual Visit</b>	No charge after deductible; Specialist: Same as Office Visit	No charge after deductible; Specialist: Same as Office Visit
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<b>Hospital Services *</b>	<b>In Network</b>	<b>Out of Network</b>
<b>General Inpatient</b>	No charge after deductible	20% coinsurance after deductible
<b>Delivery &amp; Newborn Charges</b>	No charge after deductible	20% coinsurance after deductible
<b>Outpatient Services</b>	No charge after deductible	20% coinsurance after deductible

<b>Emergency Services</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Emergency Room</b>	No charge after deductible	No charge after deductible
<b>Urgent Care</b>	No charge after deductible	20% coinsurance after deductible
<b>Ambulance</b>	No charge after deductible	No charge after deductible

<b>Pharmacy Benefits</b>	<b>In Network</b>	<b>Out of Network</b>
<b>HDHP \$0 Drugs</b>	This plan covers certain preferred drugs for treatment of limited chronic conditions at no cost to you.	Not applicable.
<b>Generic/Preferred/Non-Preferred</b>	No charge after deductible	20% coinsurance after deductible
<b>Tier 4</b>	No charge after deductible	20% coinsurance after deductible
<b>Pharmacy Max Out-of-Pocket</b>	Subject to Annual Maximum Out-of-Pocket per Benefit Year	Subject to Annual Maximum Out-of-Pocket per Benefit Year

<b>Behavioral Health</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Inpatient</b>	No charge after deductible	20% coinsurance after deductible
<b>Transitional</b>	No charge after deductible	20% coinsurance after deductible
<b>Outpatient</b>	No charge after deductible	20% coinsurance after deductible

<b>Diagnostic Services</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Lab</b>	No charge after deductible	20% coinsurance after deductible
<b>X-Ray</b>	No charge after deductible	20% coinsurance after deductible
<b>MRI/MRA Scan</b>	No charge after deductible	20% coinsurance after deductible
<b>PET Scan</b>	No charge after deductible	20% coinsurance after deductible
<b>CAT Scan</b>	No charge after deductible	20% coinsurance after deductible

<b>Other Services</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Abortion Services</b>	Office Visit: No charge after deductible; Outpatient Procedure: No charge after deductible	Office Visit: 20% coinsurance after deductible; Outpatient Procedure: 20% coinsurance after deductible
<b>Durable Medical Equipment</b>	No charge after deductible	20% coinsurance after deductible
<b>Home Health Care Services</b>	No charge after deductible	20% coinsurance after deductible
<b>Home Health Care Limit</b>	60 visits per Benefit Year	
<b>Hospice Services</b>	No charge after deductible	20% coinsurance after deductible
<b>Skilled Nursing Care Facility</b>	No charge after deductible	20% coinsurance after deductible
<b>Skilled Nursing Care Limit</b>	No limit	

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<b>Therapy Services</b>	No charge after deductible	20% coinsurance after deductible
<b>Therapy Limit</b>	60 visits combined for Physical, Speech, and Occupational therapy and Pulmonary Rehab	
<b>TMJ Benefits</b>	No charge after deductible	20% coinsurance after deductible

\* Hospital Services – Includes daily hospital room and board, surgical, anesthesia and miscellaneous hospital services.

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# EXCLUSIONS AND LIMITATIONS

*THIS IS A SUMMARY ONLY. FOR A COMPLETE LIST OF EXCLUSIONS, PLEASE SEE YOUR CERTIFICATE OF COVERAGE.*

## **SURGICAL SERVICES**

- Procedures to correct obesity. This exclusion does not apply to bariatric surgery services covered in the Certificate of Coverage.
- Plastic or cosmetic surgery
- Reconstructive surgery unless the purpose is to correct a functional defect
- Breast augmentation (This does not apply to reconstruction of affected tissue incident to mastectomy.)
- Refractive eye surgery for vision correction

## **MEDICAL SERVICES**

- Examinations required for employment, licensing, or insurance; or any third-party request, including court-ordered treatment that does not otherwise qualify for coverage
- Immunizations covered by an employer, educational institution or other third party
- Expenses for the preparation and presentation of medical reports and records
- Weight control programs
- Psychological and Neuropsychological testing for educational purposes
- Custodial care and Maintenance and Supportive care and / or therapy

## **AMBULANCE SERVICES**

- Travel and transportation for a consultation or to receive non-emergent treatment

## **THERAPIES**

- Maintenance and Supportive Care and / or Therapy for chronic conditions
- Relationship counseling
- Vocational rehabilitation, including work-hardening programs
- Massage therapy

## **DENTAL SERVICES**

- Routine dental procedures (e.g., cleanings, extraction of teeth, root canals, and filling or recapping of teeth), unless dental benefits are purchased.

## **REPRODUCTIVE SERVICES**

- Reversal of voluntary sterilization procedures and related procedures
- Home delivery for childbirth
- Charges related to surrogate mother services when the surrogate is not a Quartz member

## **OUTPATIENT PRESCRIPTION DRUGS**

- Prescription drugs prescribed for cosmetic purposes or for conditions or treatments that are not covered
- Prescription drugs not approved by the Federal Food and Drug Administration

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## DURABLE MEDICAL EQUIPMENT & DISPOSABLE MEDICAL SUPPLIES

- Foot pads, bunion covers, batteries, antiseptics, tape, over-the-counter shoe inserts, supports and elastic bandages; orthopedic shoes
- Comfort or convenience items (e.g., home monitoring devices, blood pressure cuffs, home UV therapy units); back-up supplies, equipment or prosthesis
- Customization of vehicles and / or lifts for wheelchairs and scooters; any and all modifications to a member's home and items associated with home modifications
- Repair or replacement of supplies, equipment or prosthesis if lost, stolen or nonfunctional due to misuse, abuse or neglect

## GENERAL

- Any service, supply or equipment that is Experimental, Investigative or not Medically Necessary
- Charges for services or items that the member has no legal obligation to pay
- Hypnotherapy
- Services rendered by a masseuse or massage therapist
- Coma Stimulation programs
- Orthoptics (eye exercise / training)
- Any condition, disability or charge resulting from or sustained as a result of being engaged in an illegal occupation or the commission or attempted commission of an assault or a criminal act

*THIS IS A SUMMARY ONLY. FOR A COMPLETE LIST OF EXCLUSIONS, PLEASE SEE YOUR CERTIFICATE OF COVERAGE.*

### Proof of Claim

A Member must submit proof of claim within 90 days of the date of service. Circumstances beyond the Member's control might make this time limit unreasonable. If so, the Member must file the claim as soon as possible.

### Provider Limitations

Each member of an HMO or POS plan is required to select a Primary Care Physician (PCP) found in the Provider Directory. To access this directory online, visit our website at [QuartzBenefits.com/findadoctor](http://QuartzBenefits.com/findadoctor). There is no PCP requirement for PPO plan members.

For Behavioral Health (Mental Health) Services, please contact UW Health - Behavioral Health Care Management at (800) 683-2300 to connect with an in-network provider.



## 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.

**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.**

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](http://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](http://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](http://HealthCare.gov).

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: 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 (800) 362-3310. TTY: 711 / (800) 877-8973 hoặc trao đổi với người cung cấp dịch vụ của bạn.
Laotian - ເລື່ອງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍເຫຼືອພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ໝາຍສົມເໝີໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາຮູບ (800) 362-3310. TTY: 711 / (800) 877-8973 ຫຼື ສົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste 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 taalhelpdiensten 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 - 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 (800) 362-3310. 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 - 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।   (800) 362-3310. TTY / TDD: 711 / (800) 877-8973 पर कॉल करें या अपने प्रदाता से बात करें।
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. Ndihta 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 libreng serbisyon ng 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: Haaddaad ku hadasho Soomaali, adeegyoo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyoo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaad 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 bilbilii. TTY: 711 / (800) 877-8973 ykn dhiyeessaa keessan waliin haasa'aa.
Amharic - ማሰሰቢያ፡- አማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራገጠ ቅርጽ ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር (800) 362-3310. TTY: 711 / (800) 877-8973 ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።
Karen - ဆို- နမ့်ကတိဝါ ထာန့်လီဖဲအံ အယိ, တာအိဉ်ဒီး ကျိတ်တိဆိဉ်ထွဲမစါ လာတလတ် ဘူဉ်လတ်စွါလနဂီလီ. တာအိဉ်ဒီး တာမစါတော်နဂီဟူဉ်လီဒီး တာမစါတော်မ လာအ ကြဲအဘဉ် လာကဟူဉ်တော်ဂုတ်ကျိ လာတော်မနီအီသုတဖဉ် လာတလတ်ဘူဉ်လတ်စွါ လနဂီလီ. ကိး (800) 362-3310. TTY: 711 / (800) 877-8973 မှတမ့် ကတိတော်ဒီး နပုလဟူဉ် နပုတော်ကွိထွဲမစါတက့ဉ်.
Mon-Khmer, Cambodian (Khmer) - សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ ឬសំខុម យើងសំរាប់អ្នកផ្តល់សេវាសម្រាប់អ្នក។ ជំនួយនិងសំរាប់អ្នកផ្តល់សេវាផ្សេងៗទៀត ក៏មានសម្រាប់អ្នកផងដែរ។ ប្រសិនបើអ្នកមានបញ្ហា ឬសំណួរ តាមរយៈទូរស័ព្ទ ឬប្រព័ន្ធបណ្តាញ យើងនឹងជួយអ្នក។ (800) 362-3310. TTY: 711 / (800) 877-8973 ឬនិយាយទៅកាន់អ្នកផ្តល់សេវាសម្រាប់អ្នក។
Serbo-croatian (Serbian) - ПАЗЊА: 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 - หมายเลข: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ (800) 362-3310. TTY: 711 / (800) 877-8973 หรือบริการช่วยเหลือฟรี
Gujarati - ધ્યાન આપી: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. કોલ કરો (800) 362-3310. TTY: / (800) 877-8973 અથવા તમારા પ્રદાતા સાથે વાત કરો.
Urdu - (پر کال کریں۔ 800) 362-3310 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۔) یا اپنے فراہم کنندہ سے بات کریں۔ (800) 362-3310 TTY: 711 / (800) 877-8973
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: 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 (800) 362-3310. TTY: 711 / (800) 877-8973 ή απευθυνθείτε στον πάροχο σας.
Nepali - ध्यान दनुहोस्: यदा तपाईं नेपाली बोलुनुहुन्छ भने, तपाईंलाई नि:शुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। कल (800) 362-3310। TTY: 711 / (800) 877-8973 वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
Ukrainian - УВАГА: Якщо ви розмовляєте українською мовою, 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 - རྒྱུ་ཁག་གི་ཁྱེད་རང་གིས་བོད་སྐད་ཤེས་ན་ཁྱེད་རང་ལ་ཕྱི་མཁའ་ལྷན་རྒྱུ་ཞུས་ལུ་ཡོད། འོས་འཚམ་གྱི་ཚོགས་རང་དང་ཞབས་ལུ་དེ་དག་གིས་གནས་ཚུལ་ཚོབ་ཐབས་དེ་རྒྱུ་ཡང་ཕྱི་མཁའ་ལྷན་རྒྱུ་ཞུས་ལུ་ཡོད། ལ་ལར་(༨༠༠)༣༦༢-༣༣༡༠ TTY: 711 / (800) 877-8973
Wolof - FATTAL: Sooy wax Wolof, ay serwiis yu lay jappale ci lakk 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.