

**A COMMONSENSE  
DENTAL PLAN  
FOR GROUPS OF  
2 THROUGH 9  
EMPLOYEES**



*CompanionLife.com*

# Dental Cents<sup>®</sup>

# Flexible Dental Cents Benefits

## Covered Services and Plan Provisions

Our Dental Cents Plans are more flexible than ever. Now you may select a \$1,000 or \$1,500 annual maximum. You also have a choice on the deductible — \$50 annual or \$100 lifetime. These options are available on both Plan A and Plan B.

### PLAN A

#### CLASS I - PREVENTIVE - 100%\*

Routine exams  
 Cleanings (2 per 12 months)  
 Fluoride (children under 19) (once per 12 months)  
 Bitewing X-rays

#### CLASS II - BASIC - 80%\*

Full mouth X-rays  
 Emergency treatment for dental pain  
 Sealants (children 6 - 15) (once per 36 months)  
 Space maintainers (children under 16)  
 Fillings

#### CLASS III - MAJOR - 50%\*

##### 12-MONTH WAITING PERIOD

Simple tooth removal  
 Endodontics  
 Periodontics  
 Surgical tooth removal  
 Other oral surgery  
 Anesthesia  
 Crowns and inlays  
 Bridges  
 Dentures  
 Denture relines and rebases  
 Recementation and repairs  
 Implants  
 Perio trays

#### CLASS IV - ORTHODONTIA - OPTIONAL

No deductible  
 50% coinsurance up to \$1,000 lifetime maximum  
 12-month waiting period  
 Children under age 19 only

#### ANNUAL MAXIMUM PER PERSON\*\*

\$1,000	\$1,000	\$1,500	\$1,500
---------	---------	---------	---------

#### DEDUCTIBLE PER PERSON\*\*

\$100 LD	\$50 AD	\$100 LD	\$50 AD
----------	---------	----------	---------

Lifetime Deductible - applies to Class I, II and III, no family limit  
 Annual Deductible - applies to Class II and III, maximum 3 per family

### PLAN B

#### CLASS I - PREVENTIVE - 100%\*

Routine exams  
 Cleanings (2 per 12 months)  
 Fluoride (children under 19) (once per 12 months)  
 Bitewing X-rays

Full mouth X-rays

Emergency treatment for dental pain  
 Sealants (children 6 - 15) (once per 36 months)  
 Space maintainers (children under 16)

#### CLASS II - BASIC - 80%\*

Fillings  
 Simple tooth removal  
 Endodontics  
 Periodontics  
 Surgical tooth removal  
 Other oral surgery  
 Anesthesia

#### CLASS III - MAJOR - 50%\*

##### 12-MONTH WAITING PERIOD

Crowns and inlays  
 Bridges  
 Dentures  
 Denture relines and rebases  
 Recementation and repairs  
 Implants  
 Perio trays

#### CLASS IV - ORTHODONTIA - OPTIONAL

No deductible  
 50% coinsurance up to \$1,000 lifetime maximum  
 12-month waiting period  
 Children under age 19 only

#### ANNUAL MAXIMUM PER PERSON\*\*

\$1,000	\$1,000	\$1,500	\$1,500
---------	---------	---------	---------

#### DEDUCTIBLE PER PERSON\*\*

\$100 LD	\$50 AD	\$100 LD	\$50 AD
----------	---------	----------	---------

Lifetime Deductible - applies to Class I, II and III, no family limit  
 Annual Deductible - applies to Class II and III, maximum 3 per family

\*Payment is based upon allowable charges in the area in which the service is provided.

\*\*Deductible and Annual Maximum can be defined as either Contract Year or Calendar Year, at the Employer's option.

### Takeover Benefits (If requirements below are met)

Takeover means that we give employees credit for waiting periods they have accumulated for similar coverages under your current group dental plan. For takeover consideration, all of these three items are required:

1. Evidence that your current carrier's coverage has been in force for at least 12 months prior to the effective date of your Companion Life Dental plan
2. A copy of your most recent bill that includes a list of all covered employees with their effective dates noted
3. A copy of the inforce dental plan (contract, certificate or booklet)

# Dental Eligibility Guidelines

**Firms:** Sole proprietorships, partnerships or corporations with at least two full-time employees are eligible. Owners or partners are eligible if they actively work for the firm full time.

**Eligible Employees:** All active full-time employees working at least 30 hours per week, including active full-time owners or partners, are eligible. Those employed on the date the firm becomes insured with Companion Life are eligible on that date. New employees hired after that date are eligible upon completion of the waiting period selected by the employer.

**Dependents:** Eligible dependents include the insured employee's spouse and children prior to their 26th birthday who do not work for the firm.

**Non-Standard and Ineligible Industries:** Some industries are not eligible under this program, and others require special rating consideration. Refer to the rate information insert to this brochure for details, or contact Companion Life directly for more information. Companion Life reserves the right to reject any business or industry that does not, in our opinion, represent a sound underwriting risk.

## Miscellaneous Benefits

**Predetermination of Benefits:** As a service to protect the insured, Companion Life will provide predetermination of benefits for recommended treatment plans that exceed \$300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps insureds better understand their coverage. The insured should submit the treatment plan to Companion Life for review and predetermination of benefits before the service begins.

**Coordination of Benefits:** Employees and their dependents should not make a profit from being insured under more than one group insurance policy. To prevent this from happening, most group insurance policies include a coordination of benefits provision. The coordination of benefits provision under this plan allows for coordination of benefits with any other group payments. When all benefits are added together, no more than 100 percent of the covered expenses will be paid.

**Companion Life Dental Plan Changes:** Should an employer switch Companion Life plans, employees will be given credit for waiting periods accumulated.

## Participation Requirements

**Employee Participation:** The Dental "Cents" insurance plans are designed for businesses with 2 – 9 employees, and must be offered to all eligible employees of the business (see definition of "eligible employees" under Dental Eligibility Guidelines above). It is not acceptable to "carve out" or split off a specific class of employees to be insured. **For employer groups of 2 – 5 employees, all employees must be insured under the program. For employer groups of 6 – 9 employees, all employees *less one* must be insured under the program.**

Firms that fall below minimum employee participation will have 90 days to bring the participation to the required level. If fewer than the required number of employees are insured after 90 days, the firm's coverage will be terminated.

No individual who is eligible for coverage as an employee can be insured as a dependent. If two eligible employees are married, both must be covered as employees, with only one insuring eligible dependents.

**Dependent Participation:** There is no participation requirement for dependents.

**Employer Contribution:** The employer must contribute a minimum of 25 percent of the cost of employee dental insurance for all covered employees.



### My Insurance Companion<sup>SM</sup>

This innovative web-based technology is a unique tool specifically designed for Companion Life Dental providers and members. It's free. It's secure.

Members may use My Insurance Companion to check claims status, verify eligibility, request an ID card, view Explanations of Benefits (EOBs), receive a pretreatment estimate status and ask customer service questions.

Dental professionals may use My Insurance Companion to enter claims online, verify patient eligibility, check claims status, check the status of services rendered using the graphical tooth display and view dental pre-estimate and orthodontic letters.



Rates are guaranteed for 12 months.

Payment is based upon allowable charges in the area in which the service is rendered. In addition, Companion Life reviews premiums annually and rates are subject to change.

# Limitations

Companion Life Insurance Company has specialized in group benefits for more than 40 years. We've earned an A.M. Best Rating of A+ (Superior)<sup>†</sup>. We've earned these high marks due to our fiscal strength, investment practices and sound management. Now, we want to earn your trust by giving you the highest level of service and responsiveness possible.

FOR A PROPOSAL, CONTACT

**Companion Life Insurance Company**  
**Group Marketing**  
**P.O. Box 100102**  
**Columbia, SC 29202-3102**

PHONE

**800-753-0404**

FAX

**800-836-5433**

WEBSITE

**CompanionLife.com**

## We will not pay benefits for these non-covered expenses:

1. Any treatment for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
2. Any expense incurred or procedure begun before your current period of continuous coverage, unless takeover benefits apply.
3. Any expense incurred or procedure begun after your insurance under this section terminates, except for a prosthetic appliance, fixed bridge, crown, or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance ends.
4. Education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
5. Broken appointments or the completion of claim forms.
6. Harmful-habit appliance therapy.
7. Orthodontics or any services associated with orthodontic therapy when this optional coverage is not elected and the premium is not paid. In any event, orthodontia covered charges will not include charges:
  - a. incurred by employee or spouse;
  - b. incurred by dependent children age 19 or over;
  - c. for any services payable under any other provisions of the policy; or
  - d. for any services in the first 12 months the insured is covered under this policy.
8. Sealants that are:
  - a. not applied to a permanent molar;
  - b. applied before age 6 or after attaining age 16; or
  - c. reapplied to a molar within three years from the date of a previous sealant application.
9. Any injury arising out of, or in the course of, work for wage or profit.
10. Any injury or condition for which you are eligible for benefits under any Workers' Compensation act or similar laws.
11. Charges for which you are not liable or that would have not been made had no insurance been in force.
12. Services not recommended by a dentist, not required for necessary care and treatment or that do not have a reasonably favorable prognosis.
13. Conditions as a result of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
14. Payment to you if payment is not legal where you are living when you incur the expenses.
15. Procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
16. Services or supplies a family member or a member of your household provides.
17. Major services in the first 12 months that you or your dependents are covered, except as may be provided in the takeover benefits provision.
18. Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items. This does not include those you may need because of an accidental bodily injury you received while you had this insurance. We will not cover replacement if the item can be repaired.
19. Initial placement of any prosthetic appliance or fixed bridge, unless for replacement of natural teeth pulled during the same period of continuous coverage. The removal of a third molar (wisdom tooth), however, does not qualify the appliance or bridge for payment. Any such appliance or fixed bridge must include the replacement of the pulled tooth or teeth. Coverage does not include paying for the replacement of teeth pulled before you had this coverage.
20. Addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth pulled during the same period of continuous coverage. The removal of a third molar (wisdom tooth) does not qualify the appliance or bridge for payment.
21. Duplication of appliances or replacement of lost or stolen appliances.
22. Appliances, restorations or procedures to:
  - a. alter vertical dimension;
  - b. restore or maintain occlusion;
  - c. splint or replace tooth structure lost as a result of abrasions or attrition; or
  - d. treat jaw fractures or disturbances of the temporo-mandibular joint.\*
23. Subgingival curettage or root planing (procedure numbers 4220 and 4341), unless the presence of periodontal disease is confirmed by both X-rays and pocket depth summaries of each tooth involved.
24. Any services related to equilibration, bite registration or bite analysis.
25. Crowns for the purpose of periodontal splinting.
26. Charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.

\*This exclusion may not apply in all states.



SOME PRODUCTS NOT AVAILABLE IN ALL STATES.

**A COMMONSENSE  
DENTAL PLAN  
FOR GROUPS OF  
2 THROUGH 9  
EMPLOYEES**

**RATE  
INFORMATION**



# Dental Cents<sup>®</sup>



# Standard Industry Code (SIC) Factors

FACTOR IS 1.00 IF SIC CODE IS NOT SHOWN BELOW

## Industry Discount

	<b>SIC Code</b>	<b>Discount</b>	<b>SIC Factor</b>
Agriculture	0100-0999	-15%	.85
Mining	1000-1499	-15%	.85
Construction	1500-1999	-15%	.85
Manufacturing	2000-3999	-10%	.90
Transportation	4000-4299	-10%	.90
	4400-4499	-10%	.90
Pipeline	4600-4699	-10%	.90
Transport Services	4700-4799	-10%	.90
Utilities	4900-4999	-10%	.90

## Industry Surcharge

	<b>SIC Code</b>	<b>Surcharge</b>	<b>SIC Factor</b>
Banking, Investments	6000-6299	+10%	1.10
Insurance	6300-6499	+10%	1.10
Real Estate	6500-6699	+10%	1.10
Holding Companies	6700-6999	+10%	1.10
Amusement Companies	7800-7999	+10%	1.10
Health Services	8000-8049	+15%	1.15
	8070-8099	+15%	1.15
Legal Services	8100-8199	+15%	1.15
Miscellaneous Services/Organizations	8300-8999	+15%	1.15
Public Administration	9000-9999	+15%	1.15
Education	8200-8299	+25%	1.25
Dentists and Dental Labs (SIC 8021, 8072) Ineligible for Dental Coverage			

# Rates for Flexible Dental Cents Plans A and B

Rates are Guaranteed for 12 Months.

Effective for Issue Dates January 2019 – December 2019

## PLAN A

### Monthly Base Rate

Dental Cents - Plan A - January 2019 – December 2019

\$100 lifetime deductible, 100/80/50, 12-month waiting period on Class III services, \$1,000 maximum, no orthodontia

	Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H
Employee Only	31.00	32.88	34.76	36.64	38.52	40.40	42.28	46.03
Employee + Spouse	62.00	65.75	69.51	73.27	77.02	80.78	84.54	92.05
Employee + Child(ren)	64.95	68.88	72.82	76.76	80.69	84.63	88.56	96.44
Employee + Family	97.29	103.18	109.08	114.98	120.87	126.77	132.66	144.46

## PLAN B

### Monthly Base Rate

Dental Cents - Plan B - January 2019 – December 2019

\$100 lifetime deductible, 100/80/50, 12-month waiting period on Class III services, \$1,000 maximum, no orthodontia

	Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H
Employee Only	37.20	39.46	41.71	43.96	46.22	48.47	50.73	55.24
Employee + Spouse	74.38	78.89	83.40	87.91	92.42	96.92	101.43	110.45
Employee + Child(ren)	77.92	82.65	87.37	92.09	96.82	101.54	106.26	115.71
Employee + Family	116.74	123.81	130.89	137.97	145.04	152.12	159.19	173.34

See Dental "Cents" brochure (95067) for information on policy benefits and limitations.

Orthodontia (optional – available with all plans – Monthly Base Rate \$8.90 [All Areas])

Orthodontia benefits apply to children under age 19 only

Add to Employee + Child(ren) Rates and Employee + Family Rates

Adjustment for \$1,500 annual maximum: (Adjustment: 1.10)

Adjustment for \$50 deductible: (Adjustment: 1.12)

## Rate Formula

Using Rates For  PLAN A  PLAN B

Proposed Effective Date \_\_\_\_\_ Area \_\_\_\_\_

	Monthly Rate	Annual Maximum Adjustment	Deductible Adjustment	SIC Factor	Orthodontia Rate	Number Enrolling	Cost
Employee Only	\$ _____	x _____	x _____	x _____	+ N/A	x _____	= \$ _____
Employee + Spouse	\$ _____	x _____	x _____	x _____	+ N/A	x _____	= \$ _____
Employee + Child(ren)	\$ _____	x _____	x _____	x _____	+ _____	x _____	= \$ _____
Employee + Family	\$ _____	x _____	x _____	x _____	+ _____	x _____	= \$ _____
						Monthly Administration Fee	+\$ 15.00
						Total Cost	\$ _____

**EMPLOYER (APPLICANT) INFORMATION** (Please Print or Type)

Legal Name of Employer: \_\_\_\_\_

Type of Business (Sole Proprietorship, Partnership, Corporation, etc.): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

 Telephone: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
(Person to contact concerning coverages)

No. of Eligible Employees: \_\_\_\_\_ No. of Eligible Employees Enrolled: \_\_\_\_\_

Effective Date Requested: \_\_\_\_\_ SIC Code and Nature of Business: \_\_\_\_\_

(The firm's effective date will be the first or the 15th of the month following written acceptance by Companion Life Insurance Company.)

How many years in this business? \_\_\_\_\_ How many years at this location? \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ No. of Family Members in Organization: \_\_\_\_\_

**PLAN REQUESTED:**

<b>Plan:</b> <input type="checkbox"/> A	<b>Deductible:</b> <input type="checkbox"/> \$100 Lifetime	<b>Annual Maximum:</b> <input type="checkbox"/> \$1,000	<b>Deductible and Annual Maximum are:</b>
<input type="checkbox"/> B	<input type="checkbox"/> \$50 Annual	<input type="checkbox"/> \$1,500	<input type="checkbox"/> Contract Year <input type="checkbox"/> Calendar Year
			<b>Orthodontia:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

 Are Takeover Benefits requested?  Yes  No If yes, please provide the following:

a. Name of Prior Carrier: \_\_\_\_\_

b. Effective Date of Prior Plan: \_\_\_\_\_ c. Termination Date of Prior Plan: \_\_\_\_\_

**Also, submit a copy of your previous insurance carrier's most recent billing statement as well as a certificate or letter of acceptance that shows the effective date of your policy along with a copy of your previous carrier's certificate, booklet or schedule of benefits. If prior carrier's bill does not include the effective date of each employee's coverage, please note this information next to each employee's name so we can give the correct credit for transfer of benefits.**

 Employment Waiting Period:  1 Month  Other: \_\_\_\_\_ (or as allowed by state law)  
(No waiting period applies to those employed on the effective date.)
Coverage following the completion of the waiting period selected will be effective on the first or the 15th of the month only.

The employer agrees to contribute the following percentage of the cost of employee dental insurance for all covered employees \_\_\_\_\_ % (25% required)

**FRAUD WARNING: (Not Applicable in AZ, FL, MD, OR, VA): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits (in TX, may be committing) a fraudulent insurance act, which is a crime and subjects (in KS, which may be determined by a court of law to be a crime which subjects) such person to criminal and civil penalties.**

**FRAUD WARNING: (FL only): Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.**

**Participation Agreement (Administered and underwritten by Companion Life Insurance Company)**

The Participant hereby applies for Group Insurance Benefits as set forth in the above "Dental Employer Participation Application for the Joint Employer Group Insurance Trust" and subscribes to the Agreement and Declaration of Trust.

**Name of Trust:** The Joint Employer Group Insurance Trust

It is understood and agreed by the undersigned that the Trustee is not an insurer, nor does the Trustee have any obligation under any policy of insurance and that all claims for and benefits provided by insurance being applied for herein shall be made to and payable by the Insurance Companies issuing group policy(ies) to the Trustees, but only to the extent and in strict accordance with the provisions of such policy(ies). The Trust agreement and the group policy(ies) held by the Trustee are available for inspection during regular business hours by the Participant at the office of the Administrator, Companion Life Insurance Company, located at 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666.

 \_\_\_\_\_  
 (Signature of Employer/Applicant)

 \_\_\_\_\_  
 (Title) (Date)

This is to certify that I, the undersigned agent, have truly and accurately recorded on this application form the information supplied.

 \_\_\_\_\_  
 (Signature of Agent/Broker) (Date)

 \_\_\_\_\_  
 Print Agent/Broker's Name License No.

**FOR HOME OFFICE USE**

Accepted by Administrator Effective: \_\_\_\_\_

By: \_\_\_\_\_

 \_\_\_\_\_  
 (Title) (Date)

# Area Table

(By First 3 Digits of ZIP Code)

<b>Alabama</b>	
350-369	A
<b>Alaska</b>	
995-999	H
<b>Arizona</b>	
850-865	C
<b>Arkansas</b>	
716-729	A
<b>Delaware</b>	
197-199	G
<b>District of Columbia</b>	
200, 202-205	H
<b>Georgia</b>	
300-303, 311	D
304-310, 312-315	B
316-319, 398	A
<b>Hawaii</b>	
967-968	D
<b>Idaho</b>	
832-838	B
<b>Illinois</b>	
600	F
601-611	D
612-622	C
623-629	B
<b>Indiana</b>	
460-479	C
<b>Iowa</b>	
500-521	B
522-528	C
<b>Kansas</b>	
660-665	C
666-679	B
<b>Kentucky</b>	
400-427	A
<b>Louisiana</b>	
700-704	C
705-714	B
<b>Maine</b>	
039-041	F
042-049	E
<b>Maryland</b>	
206-210	E
211-219	D

<b>Massachusetts</b>	
010-016	F
017-022	H
023-027	G
<b>Michigan</b>	
480-499	C
<b>Mississippi</b>	
386-397	A
<b>Missouri</b>	
630-633	C
634-658	A
<b>Minnesota</b>	
550-555	G
556-564	E
565-567	C
<b>Montana</b>	
590-599	B
<b>Nebraska</b>	
680-693	A
<b>Nevada</b>	
889-891	C
893-898	E
<b>New Hampshire</b>	
030	E
031-038	F
<b>New Mexico</b>	
870-878	C
879-884	B
<b>North Carolina</b>	
270-289	D
<b>North Dakota</b>	
580-588	D
<b>Ohio</b>	
430-458	A
<b>Oklahoma</b>	
730-731	B
734-749	A
<b>Oregon</b>	
970-979	F
<b>Pennsylvania</b>	
150-171, 177-179	A
184-188	A
172-176	C
180-183	D
189-196	E

<b>Rhode Island</b>	
028-029	E
<b>South Carolina</b>	
290-299	C
<b>South Dakota</b>	
570-577	C
<b>Tennessee</b>	
370-385	A
<b>Texas</b>	
750-753, 760-775	B
754-759, 776-781	A
783-785, 788-799	A
782	C
786-787, 885	D
<b>Utah</b>	
840-847	B
<b>Vermont</b>	
050-059	E
<b>Virginia</b>	
201	D
220-225, 233-238	F
226-232	C
239-246	A
<b>West Virginia</b>	
247-251, 259-268	A
252-258	B
<b>Wisconsin</b>	
530-535, 541-549	D
537-540	F
<b>Wyoming</b>	
820-831	C

# How To Enroll

- 1 Arrive at final rates for the group by:
  - A. Determining the group's **plan, annual maximum adjustment, deductible adjustment, rate area, SIC factor** and **orthodontia rate** (if applicable), using charts included;
  - B. Then determine the monthly **base rates** for the group's desired plan on the enclosed Rate Sheet and complete the Rate Formula at the bottom of the Rate Sheet.
- 2 Complete the Employer Participation Application. If Takeover from a previous dental carrier, please submit:
  - A. A copy of the previous insurance carrier's most recent billing statement;
  - B. A certificate or letter of acceptance from the previous insurance carrier that shows the effective date of the policy; and
  - C. A copy of the previous insurance carrier's certificate, booklet or schedule of benefits.
- 3 Have an Employee Enrollment Card completed by each full-time employee.
- 4 Have the group's check for one month's premium made payable to:  
**Companion Life Insurance Company.**
- 5 Mail Rate Calculation, Employer Participation Application, Employee Enrollment Cards and the check to:

**Group Marketing  
Companion Life Insurance Company  
P.O. Box 100102  
Columbia, SC 29202-3102**

If you have any questions, please call **800-753-0404** and ask for **Group Marketing**.



P.O. Box 100102  
Columbia, SC 29202-3102

## Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, or sexual orientation or health status in our health plans, when we enroll or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

---

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

---

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

---

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

---

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

---

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

---

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

---

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

---

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

---

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

---

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

---

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

---

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

---

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

---

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

---

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

---

Ni da doodago t'áá háída biká'aná nilwo'ígíí díí Béeso Ách'ááh naa'níłgi háá'ída yí na' ídíl kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishjį́ bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzhíh nínizingo, koji' béesh bee hółne' 1-844-516-6328. (Navajo)