



PPO Schedule of Benefits

Important Questions	Answers	Why this Matters:
<p>What is the overall deductible?</p>	<p>In Network: \$2,000 Single/\$4,000 Family per Benefit Year Out of Network: \$2,000 Single/\$4,000 Family per Benefit Year</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. Preventive care services are covered before you meet your deductible.</p>	<p>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.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>In Network: \$3,000 Single/\$6,000 Family per Benefit Year for medical expenses. \$2,000 Single/\$4,000 Family per Benefit Year for prescription expenses. Out of Network: \$6,000 Single/\$12,000 Family per Benefit Year for medical expenses. \$2,000 Single/\$4,000 Family per Benefit Year for prescription expenses.</p>	<p>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.</p>
<p>What is Usual, Customary & Reasonable (UCR)?</p>	<p>The amount paid for a medical service in a geographic area based on what Providers in the area usually charge for the same or similar medical service. The UCR amount is sometimes used to determine the allowed amount.</p>	<p>You may be responsible for paying charges that are above the UCR amount for any non-emergent out-of-network services.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance-billing charges, penalties for failure to obtain prior authorization, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions *For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.
		In Network Provider (You will pay the least)	Out of Network Provider (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	No charge after deductible	20% coinsurance after deductible	Charges for e-Visits will apply to your deductible/coinsurance .
	Specialist visit	No charge after deductible	20% coinsurance after deductible	-----none-----
	Other practitioner office visit	Chiro/Adult Vision: No charge after deductible	Chiro/Adult Vision: 20% coinsurance after deductible .	One (1) Routine Adult Vision exam is covered with no charge in network . Cost sharing applies to subsequent exams. Benefits are not available for care that is Maintenance and Supportive Care or Long-term Therapy. Glasses/contacts for Adult Routine Vision are not covered.
	Preventive care/screening/immunization Includes Breast Cancer Mammography for women over 40 and Colorectal Cancer Screening for adults over 50. For a full listing of preventive care services visit quartzbenefits.com .	No charge	20% coinsurance after deductible	Coverage is limited to preventive services as defined by the Affordable Care Act. 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)	No charge after deductible	20% coinsurance after deductible	-----none-----
	Imaging (CT/PET scans, MRIs)	No charge after deductible	20% coinsurance after deductible	-----none-----

Questions? Visit us at www.quartzbenefits.com or call 1-800-362-3310.

UH01298 (01 19) - PPO Schedule of Benefits

Tracking ID: PF1E6SZ

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions *For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.QuartzBenefits.com/formulary	Preferred Generics Tier 1	Value Tier: No charge All others: \$5 copay	Value Tier: No charge All others: \$5 copay	Multiple copays will apply for claims of greater than 30 day supply when covered; for claims of 31 to 60 days supply, two copays will apply, and for claims of 61 to 90 days supply, three copays will apply.
	Preferred Brands Tier 2	Value Tier: No charge All others: \$20 copay	Value Tier: No charge All others: \$20 copay	
	Non-Preferred Brands & Generics Tier 3	\$40 copay	\$40 copay	
	Specialty drugs Tier 4	\$20 copay for Preferred \$40 copay for Non-preferred	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge after deductible	20% coinsurance after deductible	Prior authorization may be required. See www.QuartzBenefits.com/WIPAFORM or call Customer Service for additional information.
	Physician/surgeon fees	No charge after deductible	20% coinsurance after deductible	
If you need immediate medical attention	Emergency room care	\$100 copay /visit	\$100 copay /visit	Emergency room copay waived if admitted. Applicable cost sharing may apply after the copayment .
	Emergency medical transportation	No charge after deductible	No charge after deductible	-----none-----
	Urgent care	\$25 copay /visit	20% coinsurance after deductible	Copay applies to professional services. Deductible applies to ancillary/facility charges.
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after deductible	20% coinsurance after deductible	Prior authorization is required. See www.QuartzBenefits.com/WIPAFORM or call Customer Service for additional information.
	Physician/surgeon fees	No charge after deductible	20% coinsurance after deductible	
If you are in need of Transplant Services	Various	See the specific "Services You May Need" category for applicable copay , coinsurance and deductible . Prior Authorization is required.	Not Covered	Prior authorization is required. See www.QuartzBenefits.com/WIPAFORM or call Customer Service for additional information.

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		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse needs, including Autism Spectrum Disorder services	Outpatient services	No charge after deductible	20% coinsurance after deductible	Benefits are not available for care that is Maintenance and Supportive Care or Long-term therapy.
	Inpatient services	No charge after deductible	20% coinsurance after deductible	Prior authorization is required. See www.QuartzBenefits.com/WIPAFORM or call Customer Service for additional information.
If you are pregnant	Office visits	No charge after deductible	20% coinsurance after deductible	Maternity care may include tests and services described elsewhere within this document (i.e. ultrasound). Prior authorization is required for inpatient services. See www.QuartzBenefits.com/WIPAFORM or call Customer Service for additional information.
	Childbirth/delivery professional services	No charge after deductible	20% coinsurance after deductible	
	Childbirth/delivery facility services	No charge after deductible	20% coinsurance after deductible	
If you need help recovering or have other special health needs	Home health care	No charge after deductible	20% coinsurance after deductible	Coverage is limited to 60 visits per Benefit Year. Prior authorization is required. See www.QuartzBenefits.com/WIPAFORM or call Customer Service for additional information.
	Rehabilitation services	No charge after deductible	20% coinsurance after deductible	Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Benefit Year. This limit is shared between Rehabilitation and Habilitation services . Cardiac Rehab is limited to 36 visits per event.
	Habilitation services	No charge after deductible	20% coinsurance after deductible	Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Benefit Year. This limit is shared between Rehabilitation and Habilitation services . Prior authorization may be required. See www.QuartzBenefits.com/WIPAFORM or call Customer Service for additional information.

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		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Skilled nursing care	No charge after deductible	20% coinsurance after deductible	Coverage limited to 90 days per confinement. This benefit is combined with the Swing Bed Care benefit. Prior authorization is required. See www.QuartzBenefits.com/WIPAFORM or call Customer Service for additional information.
	Durable medical equipment For details on Ostomy Supply coverage, refer to your Certificate of Coverage.	No charge after deductible	30% coinsurance	Coverage for -- Foot Orthotics: Limited to one pair per Benefit Year. 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 Service. Prior authorization may be required. See www.QuartzBenefits.com/WIPAFORM or call Customer Service for additional information. Purchase or rental of DME with a per unit cost of \$500 or more must be Prior Authorized.
	Hospice services	No charge after deductible	20% coinsurance after deductible	Prior authorization is required. See www.QuartzBenefits.com/WIPAFORM or call Customer Service for additional information. Hospice coverage excludes room and board charges in a Skilled Nursing Facility.
If your child (under 19) needs dental or eye care	Children's eye exam	No charge	20% coinsurance after deductible	One (1) Routine Vision exam is covered with no charge in-network. Cost sharing for an office visit applies to subsequent exams.
	Children's glasses	Not Covered	Not Covered	-----none-----
	Dental Care	Not Covered	Not Covered	-----none-----
If you need oral surgery	Oral surgery	No charge	20% coinsurance	Coverage is limited to procedures listed in your Certificate of Coverage.

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Important: This Schedule of Benefits is only a summary of your coverage. For a complete description of your benefits, and the restrictions, exclusions and limitations that apply, read the Certificate of Coverage. Benefits are provided as stated on this Schedule only when services are received according to the terms set forth in the Certificate of Coverage.

Annual Out-of-Pocket Limit: Once the Annual Out-of-Pocket limit has been satisfied, Quartz pays 100% of covered services for the remainder of the Benefit Year, excluding any amounts the Member pays in excess of the Usual, Customary and Reasonable Charge. Such amounts do not count toward satisfaction of the Annual Out-of-Pocket limit.

Prior Authorization: Prior Authorization is required for coverage of certain services. These services are listed on Quartz's website at www.QuartzBenefits.com. You may also call Quartz Customer Service for information.



Non-Discrimination & Language Access

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 Service 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.

We provide free aids and services to people with disabilities to communicate effectively with us, such as –

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

For help to translate or understand this, please call (800) 362-3310, TTY: 711 / (800) 877-8973.

Spanish – Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Quartz. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hmong – Tsaab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsaab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Quartz. Saib cov caij nyoog los yog tej hnub tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

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

- Qualified interpreter
- Information written in other languages

If you need these services, contact Customer Service 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 –

Kristie Meier, Compliance Officer
840 Carolina Street
Sauk City, WI 53583
Phone: (800) 362-3310
TTY: 711 or toll-free (800) 877-8973
Fax: (608) 644-3500
Email: AppealsSpecialists@quartzbenefits.com

Vietnamese – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Quartz. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Chinese – 本通知含有重要的訊息 本通知對於您透過 Quartz 所提出的申請或保險有重要的訊息 請在本通知中查看重要的日期 您可能要在特定的截止日期之前採取行動，以保留您的健康保險或有助於省錢 您有權利免費以您的母語得到幫助和訊息 請致電 (800) 362-3310 : 711 / (800) 877-8973.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, 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.

Russian – Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Quartz. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Laotian – ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນ. ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບໃບສະໜັກ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານຜ່ານ Quartz. ຊອກຫາວັນທີ່ສໍາຄັນ ໃນໜັງສືແຈ້ງການສະບັບນີ້. ທ່ານອາດຈໍາເປັນຕ້ອງປະຕິບັດຕາມເວລາ ທີ່ກໍານົດໄວ້ທີ່ແນ່ນອນເພື່ອຮັກສາໄວ້ການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານ ຫຼື ຊ່ວຍເຫຼືອດ້ານຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດທີ່ຈະໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີ (800) 362 3310. TTY / TDD: 711 / (800) 877 8973.

German – Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Quartz. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Arabic – يحتوي هذا الإشعار على معلومات مهمة. يتضمن هذا الإشعار معلومات هامة حول طلبك أو تغطيتك عبر Quartz. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى إجراء تدابير معينة وفقاً لمواعيد معينة من أجل الحفاظ على تغطيتك الصحية أو المساعدة في التكاليف. لديك الحق في الحصول على هذه المعلومات TTY / TDD: 711 / (800) 877-8973 / (800) 362-3310.

French – Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Quartz. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Korean – 본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Quartz을 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. (800) 362-3310로 전화하십시오. TTY / TDD: 711 / (800) 877-8973.

Tagalog – Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Quartz. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Pennsylvanian Dutch – Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit Quartz. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kansch, odder bezaahle helfe kansch. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix. Kansch du (800) 362-3310 uffrufe. TTY / TDD: 711 / (800) 877-8973.

Polish – To ogłoszenie zawiera ważne informacje. To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Quartz. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hindi – इस सूचना में महत्वपूर्ण जानकारी शामिल है। इस सूचना में Quartz से जुड़े आपके आवेदन या कवरेज के बारे में महत्वपूर्ण जानकारी शामिल है। इस सूचना में महत्वपूर्ण तारीखों को देखना न भूलें। स्वास्थ्य कवरेज जारी रखने या खर्च में मदद के लिए आपको कुछ तय तारीखों तक कार्रवाई करनी जरूरी है। आपके पास अपनी भाषा में, बिना किसी शुल्क के इस जानकारी और सहायता को पाने का अधिकार है। (800) 362-3310. TTY / TDD: 711 / (800) 877-8973 पर कॉल करें।

Albanian – Ky njoftim përmban informacion të rëndësishëm. Ky njoftim përmban informacion të rëndësishëm për aplikimin ose mbulimin tuaj nëpërmjet Quartz. Kontrolloni për data të rëndësishme në këtë njoftim. Mund t'ju duhet të ndërmerri veprim brenda afatave të caktuara për të mbajtur mbulimin tuaj shëndetësor ose për ndihmën me koston. Keni të drejtë ta merrni këtë informacion dhe ndihmë falas në gjuhën tuaj. Telefononi numrin (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Somali – FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawimada luuqada, ayaa waxaa laguugu siinayaa bilaash, waa lagu heli karaa. 1-800-362-3310 (TTY: 1-800-877-8973) bilbilaa.

Cushite – Oroomiffa XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Amharic – ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዎል። ወደ ሚከተለው ቁጥር ይደውሉ (800) 362-3310. (መስማት ለተሳናቸው: 711 / (800) 877-8973).

Karen – ဝံသုဉ်းဝံသး- နမ့်ကတိံ ကညီ ကိုဉ်အယံ, နမ့န့ ကိုဉ်အတံမံမံလံ တလံကုဉ်လံကုဉ် နိတံမံဘုဉ်သုန့ဉ်လံ. ကိး (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Mon-Khmer, Cambodian – ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Serbocroatian – OBAVJEŠTENJE: Ako govorite srpskohrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (800) 362-3310 TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711 / (800) 877-8973.

Thai – เร็ยณ: ถ่า คุณพูด ภาษาไทยคุณสามารถใข้บริการช่วยเหลือทางภาษาได้ฟรี ใ้ โทร (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Gujarati – સુચના: જો તમે ગુજરાતી બોલતા છે, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Urdu – کال کریں - کال کریں - خدمات مفت میں دستیاب ہیں۔ تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں، اگر آپ اردو بولتے ہیں، (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Greek – ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.